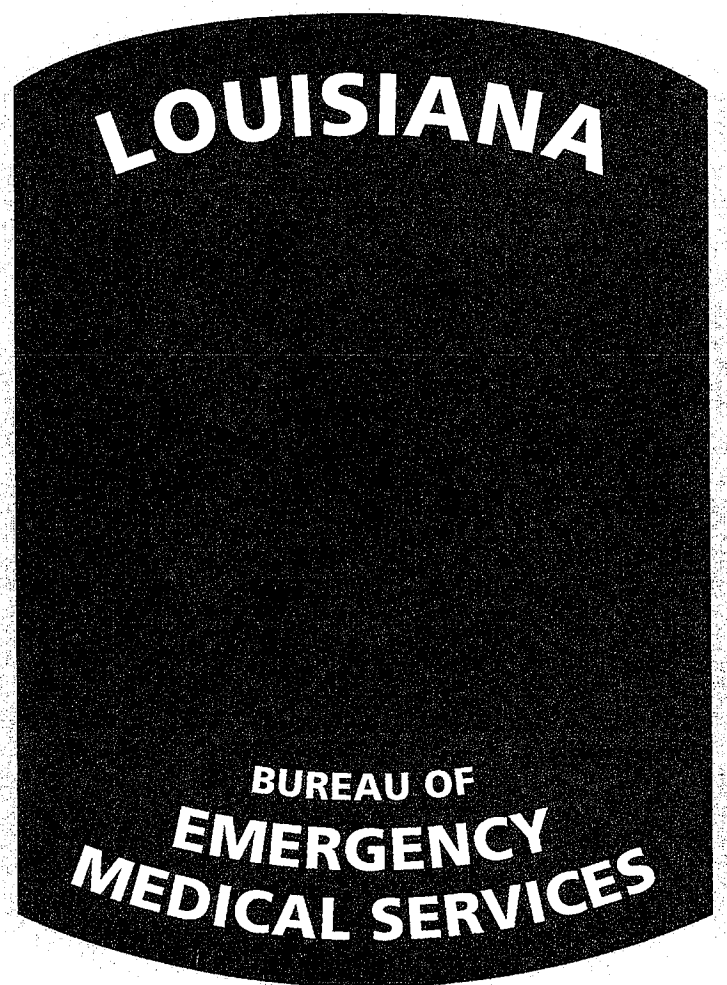


# **BUREAU OF EMERGENCY MEDICAL SERVICES**



**HOUSE CONCURRENT RESOLUTION 197**

**2008**

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# Report on HCR 197 (2008)

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## Executive Summary:

The Department of Health and Hospitals, Office of Public Health, Bureau of Emergency Medical Services (the Bureau) has been involved in the planning and operations for the protection of Louisiana's citizens in the event of a natural, accidental or deliberate disaster or hazard.

The Bureau has been engaged by interagency agreement RC 4054 to enhance statewide aid to deploy emergency medical services units and regions of the state not normally covered in response to a mass casualty incident. This interagency agreement has tasked the Bureau to:

- (1) A standard operating procedure and a list of the necessary equipment to establish an operations cell to direct the "chopping" of surge ambulances, to support evacuation and sheltering plans, and to have a well-trained staff to provide direction and oversight.
- (2) Contingency plans, agreements, and necessary equipment to operate credentialing sites and staging areas in the event such sites and areas are needed to support an evacuation or disaster area.
- (3) Demonstration of continued partnering activities with local emergency medical services transportation authorities, the Louisiana Rural Ambulance Alliance, the Louisiana Ambulance Association, and other stakeholders to foster planning and preparedness at the community and organizational levels and facilitate the development of disaster protocols.

The Bureau has drafted standard operating procedures to establish an operations cell to direct the "chopping" (deployment) of surge ambulances. These procedures are outlined in the Louisiana Emergency Medical Services Disaster Response Plan and the Bureau of EMS Tactical Operations Center Operations Manual.

A staging and credentialing site management guide has been developed as well as agreements to operate a staging area in the event of an evacuation or disaster.

The Bureau partners with local EMS agencies as well as the Louisiana Rural Ambulance Alliance and members of the Louisiana Ambulance Association in planning for disaster response. Monthly meetings are held with EMS Designated Regional Coordinators and the Louisiana Rural Ambulance Alliance to conduct all hazard Emergency Support Function 8 preparedness planning at the community, regional and state level.

The Bureau has a full time employee dedicated to monitoring the Federal Hospital Emergency Preparedness Grant. This employee is responsible for developing an allocation model for the

distribution of grant funds to participating Emergency Medical Service providers. The allocation model is presented to Designated Regional Coordinators, who are appointed in each Department of Health and Hospitals region, for their acceptance. The final allocation model is then submitted to the Grant Advisory Committee.

Regional meetings are held throughout the state to disseminate grant related information and to solicit information from grant recipients.

The Bureau is involved in the disbursement of funds to EMS providers and collects and maintains all records related the grant and the distribution of grant funds.

The Bureau drafts and maintains the spending agreements, memorandums of understanding, mutual aid agreements, certification letters and regional emergency operations plans. The Bureau also provides grant related technical assistance to EMS providers. Quarterly progress reports are submitted to the grant's principal investigator by the Bureau's staff.

In response to a recent Institute of Medicine Report the Bureau has initiated a two year plan to create a strategic state emergency medical services plan. The Bureau will utilize the Model State Emergency Medical Services Systems planning document drafted by the National Association of State EMS Officials and the National Highway Traffic Safety Administration. This plan is separate from our existing Louisiana Emergency Medical Services Disaster Response Plan. Planning was commenced in October of 2008 and is expected to be an ongoing two year process involving the Emergency Medical Services Task Force and a diverse group of stakeholders in the emergency services field.

The Bureau maintains an electronic database of all certified emergency medical services personnel. This database is used to maintain a roster of all personnel certified by this agency.

The Bureau has included a copy of the Emergency Medical Services Certification Commission's annual report for state fiscal year 2007 – 2008 listing a report of its meetings during that period.

We have attached seven chapters of supporting documents to this report for your review.

William Clark, MD  
Medical Director  
Bureau of Emergency Medical Services  
PO Box 94215  
Baton Rouge, LA 70804

225 763 5700



Regular Session, 2008

HOUSE CONCURRENT RESOLUTION NO. 197

BY REPRESENTATIVE SIMON

A CONCURRENT RESOLUTION

To urge and request the Department of Health and Hospitals, office of public health, center for community preparedness, bureau of emergency medical services, to produce the deliverables as defined in interagency agreement RC 4054 and implement the provisions of R.S. 40:1231.1 and 1232.4(6) and (8).

WHEREAS, proactive measures must be considered to protect people, physical entities, and communication systems in the event of a natural, accidental, or deliberate disaster or hazard; and

WHEREAS, critical infrastructure protection is needed in the event of a natural, accidental, or deliberate disaster or hazard; and

WHEREAS, there is due cause for examination of preparedness by private and public emergency service departments and agencies for chemical and biological incidents; and

WHEREAS, the objective of interagency agreement RC 4054 signed between the Department of Health and Hospitals and the office of public health, center for community preparedness, bureau of emergency medical services, is to enhance statewide aid to deploy emergency medical services units in regions of the state not normally covered in response to a mass casualty incident; and

WHEREAS, in enacting R.S. 40:1231 through 1234, the legislature has indicated that the bureau of emergency medical services within the Department of Health and Hospitals constitutes an invaluable part of the health care delivery system of the state.

THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby urge and request the medical director and program manager of the Department of Health and Hospitals, office of public health, center for community preparedness, bureau of emergency medical services, to produce the following deliverables, as outlined in interagency agreement RC 4054:

(1) A standard operating procedure and a list of the necessary equipment to establish an operations cell to direct the "chopping" of surge ambulances, to support evacuation and sheltering plans, and to have a well-trained staff to provide direction and oversight.

(2) Contingency plans, agreements, and necessary equipment to operate credentialing sites and staging areas in the event such sites and areas are needed to support an evacuation or disaster area.

(3) Demonstration of continued partnering activities with local emergency medical services transportation authorities, the Louisiana Rural Ambulance Alliance, the Louisiana Ambulance Association, and other stakeholders to foster planning and preparedness at the community and organizational levels and facilitate the development of disaster protocols.

BE IT FURTHER RESOLVED that the Legislature of Louisiana does hereby urge and request the Department of Health and Hospitals, office of public health, center for community preparedness, bureau of emergency medical services, to fully implement the provisions of R.S. 40:1231.1, which provides for a state plan for prompt and efficient delivery of adequate emergency medical services to acutely sick and injured individuals, R.S. 40:1232.4(6), which provides for a roster of all emergency medical services personnel, including the name and address of each individual, and R.S. 40:1232.4(8), which provides for an annual report detailing the activities of the Louisiana Emergency Medical Services Certification Commission during the past fiscal year, including the number and nature of the hearings conducted under the provisions of R.S. 40:1232.7.

BE IT FURTHER RESOLVED that the Legislature of Louisiana does hereby urge and request the medical director and the program manager of the Department of Health and Hospitals, office of public health, center for community preparedness, bureau of emergency medical services, to produce the deliverables, implement the statutory provisions, and submit a report to the House Committee on Health and Welfare and the Senate Committee on Health and Welfare, as well as to the board of directors of the Louisiana Rural Ambulance Alliance, no later than December 31, 2008.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the secretary of the Department of Health and Hospitals, the medical director and the program manager of the Department of Health and Hospitals, office of public health, center for

community preparedness, bureau of emergency medical services, and the executive director of the Louisiana Rural Ambulance Alliance.

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SPEAKER OF THE HOUSE OF REPRESENTATIVES

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PRESIDENT OF THE SENATE

# Report on HCR 197 (2008)

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## EMERGENCY MEDICAL SERVICES DISASTER RESPONSE PLANS

# PART I

## A. Introduction

### EMS DISASTER RESPONSE PLANNING:

The Louisiana Department of Health and Hospitals Office of Public Health Bureau of Emergency Medical Services (BEMS) has developed the *Louisiana EMS Disaster Response Plan (LEDRP)* to provide the Bureau with a comprehensive framework for disaster EMS preparedness and response.

During all emergency responses, the medical and health components will normally utilize the same processes and personnel to address the local and public needs. These processes and personnel will be coordinated by the Bureau of Emergency Medical Services.

The LEDRP reflects recent changes in the Bureau's Emergency Response Group, increased level and complexity of threats it must address, and enhancements to day-to-day Emergency Medical Services (EMS) systems that provide the basis for an EMS response. The LEDRP also reflects changes in the federal emergency management system and is consistent with the National Incident Management System (NIMS).

The Bureau of EMS uses a multi-hazard approach to medical-disaster planning that gives high priority to new threats such as pandemic disease outbreak, weapons of mass destruction and terrorism and loss of logistics that support medical operations. The Bureau's planning efforts also reflect Louisiana's change in Emergency Response coordination philosophy based on Louisiana's disaster medical response experience and the response to September 11, Hurricanes Katrina and Rita and other disasters nationwide that demonstrated the importance of a state capability to rapidly augment local response with EMS assets and provide sustained coordination for disaster medical operations.

To meet these challenges, BEMS and its federal, state, and local partners have increased their collective capacity to meet the disaster medical needs of its citizens. Resultant enhancements include:

- Improved State and regional coordination for preparedness and response.
- Adoption of new communications and information technology systems.
- Expanded catastrophic event medical planning with local, state, regional and federal partners.
- Enhanced cooperation and coordination between EMS and the state and local partners resulting in more effective medical and health operations at the state, regional and local levels including:
  - Strengthened state and DHH/OPH Emergency Operations Center (EOC) functioning.
  - Coordination of elements of the mutual aid system for medical and health resources including support, and oversight of Designated Regional Coordinators (DRC).
  - Expanded EMS capabilities and operational response role through the development of the Emergency System for Advanced Registration of Volunteer Health Personnel (ESAR-VHP).

## PLAN GOAL:

To reduce loss of life, injury and other medical consequences of disasters by coordinating a State medical response and recovery to major disasters that impact Louisiana.

## PLAN STRUCTURE:

The LEDRP is organized into three parts.

Part I provides for the BEMS policy framework and organizational structure and includes the following sections:

- Section A consists of this Introduction.
- Section B describes the LEDRP's purpose, use, scope, and assumptions.
- Section C affirms the LEDRP's all-hazards approach to emergency preparedness and describes the effects of the natural and man-made hazards faced by Louisiana.
- Section D describes Louisiana's emergency management system.
- Section E presents the LEDRP's concept of operations including descriptions of the BEMS organization, roles, responsibilities, and relationships.
- Section F summarizes LEDRP development and maintenance processes.

Part II describes the medical response resources and summarizes response and recovery procedures for the Bureau's disaster medical response.

- *Section A: EMS Disaster Response Resources* includes summary descriptions of EMS response assets, guidance, planning and coordination bodies, and information management tools.
- *Section B: EMS Disaster Response and Recovery Operations* includes summaries of the procedures employed to accomplish critical response objectives.

Part III consists of references and supporting documents.

## LOUISIANA EMS NETWORK DESCRIPTION

The Louisiana EMS Network was developed to assist state licensed EMS services to more effectively and efficiently exchange services and resources in response to declared disasters and emergencies.

The EMS network is a partnership between local EMS services and the State of Louisiana. The network provides a framework to facilitate a coordinated response to a local request for state assistance. The network is supplemental to, and does not affect day to day mutual aid agreements between EMS services.

## EMS DESIGNATED REGIONAL COORDINATOR

Designated Regional Coordinators are appointed in each of the Department of Health and Hospitals public health regions. The DRC shall be appointed by the State EMS Medical Director from a list of nominees from the EMS providers in each region.

**Objectives of the Designated Regional Coordinators:** To facilitate the development and implementation of an Inter-EMS Emergency Preparedness Plan for designated DHH regions in the State of Louisiana. To lead the regions process for development of, testing of, continuous improvement of and management of Regional EMS Response to emergencies: specifically to facilitate the emergency plan for a DHH Region; to participate in tabletop exercises to test the integrity of the Regional EMS Emergency Response Plan; and to be the leader for the region in the event of a statewide Emergency in which EMS services are tasked to respond in the State of Louisiana.

## PLANNING PRINCIPLES:

The LEDRP is based on the following principles:

- Louisiana's overall emergency management system, and by extension the LEDRP, are consistent with and reflect the federal National Incident Management System (NIMS).
- Government agencies responding to disasters in Louisiana employ the Incident Command System (ICS) principles for response management.
- Disaster response is first and foremost a local responsibility.
- Local government remains in charge of their jurisdictional authorities and response to disasters within its geographical area. Local, State and federal officials, agencies, and resources, from outside the jurisdiction, providing support and resources to the response priorities of affected local government will do so in an assisting agency role.
- State and federal governmental agencies may have a shared jurisdictional authority to respond to and mitigate the emergency within the affected area. They may have a *Jurisdictional Agency* role and will coordinate their activities with the local government agencies utilizing the Unified Command principles of ICS.
- The effectiveness of the medical response to disasters depends on the capability, capacity, and preparedness of day-to-day EMS and health care resources and local government

agencies. Strong day-to-day systems are usually more capable of responding effectively to any given event.

- Private sector entities will be encouraged to use ICS principles to manage their response and to access additional resources outside of their corporate, trade, or customary supply system.



## **B. Purpose, Use, Scope, and Assumptions**

The LEDRP provides general policies and procedural guidance for coordinated support to local EMS response operations in the event of a natural or manmade disaster. It provides the basis for Louisiana's EMS emergency management activities through all emergency management phases (preparedness, response, recovery, and mitigation).

Specifically, the LEDRP and its Annexes and supporting plans:

- Describe Louisiana's Bureau of Emergency Medical Services, its relationship to Louisiana's overall emergency response system and how it conforms to NIMS.
- Provide guidance for the development of plans for regional and local disaster response.
- Define Louisiana's EMS mutual aid system.
- Describe the EMS response roles and responsibilities of, and the relationship between the Bureau of EMS and:
  - The Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP), the Department of Health and Hospitals (DHH) and other state governmental agencies.
  - Local Emergency Medical Service providers.
  - Designated Regional Coordinators.
  - Local public safety agencies.
  - Other health care providers including hospitals and community clinics.
- Define the relationship between State and Federal disaster medical response operations.
- Describe interagency and intergovernmental shared responsibilities, support capabilities and provide guidance on interagency coordination.

### **SUPPORT FOR NATIONAL PRIORITIES:**

The LEDRP supports the following overarching and capability-specific national disaster medical and health preparedness priorities.

- Implement the National Incident Management System.
- Expand Regional Collaboration.
- Strengthen information Sharing and Collaboration capabilities.
- Strengthen Interoperable Communication capabilities.
- Strengthen CBRNE Detection, Response, and Decontamination capabilities.
- Strengthen Medical Surge and Mass Prophylaxis capabilities.

### **NIMS COMPLIANCE:**

The Plan conforms to NIMS as required by Executive Order KBB – 2005 – 61 dated October 13, 2005.

## **PLAN USE IN STATE PLANNING:**

Use of the LEDRP can be summarized as follows:

**Who:** Local, State, and federal government agencies and EMS provider agencies with responsibilities for disaster medical preparedness and response in Louisiana.

**When:** During all phases of the emergency management cycle.

**Why:** The Plan reflects the goals of BEMS related to disaster EMS operations as well as proven and common operational practices.

## **SCOPE OF THE PLAN:**

The LEDRP is applicable to medical preparedness and response for all disaster events, regardless of type, with direct, indirect, or threatened medical consequences that may require application of medical resources beyond those available to the affected jurisdictions on a day-to-day basis or through standing agreements. It does not directly address multi-casualty incidents (MCI), which are under local control, do not require State assistance and are not defined as specifically as disasters.

## **PLANNING ASSUMPTIONS:**

Louisiana's local jurisdictions vary widely in the threats they face, the vulnerability of their populations and the response resources immediately available to them to respond to emergencies. They also employ a variety of strategies for coordination and oversight of day-to-day EMS services including EMS providers that: cover single cities; cover single parishes; cover multi-parish regions; operate as a government organization, non-profit organization; or commercial interest; and have varying levels of responsibilities for emergency management; and are placed at differing levels of local governments.

The LEDRP assumes that the disaster EMS system it defines provides a framework under NIMS through which GOHSEP, BEMS, and other state agencies can support the disaster operations in Louisiana's public health regions.

Other key assumptions of the LEDRP include:

- Emergency management activities employ NIMS.
- Emergency response is best coordinated at the lowest level of government involved in the emergency.
- Mutual Aid is requested when needed and provided when available.
- Disaster EMS response is time critical. Rapid response is essential at all levels of government.
- Louisiana's EMS Network includes both public and private medical resources which need to operate in a coordinated manner for maximum effectiveness.

- During a major disaster, large numbers of injured, ill, and worried-well persons are likely to converge to medical and health care facilities in or near affected areas.
- Population growth and increased housing development outside of urban areas have increased the risk of illness, injuries and damage from wildfires, floods, and other disasters, while increasing demands on limited emergency medical and health care assets.
- Disasters often reduce response capacity through their impact on medical care providers, facilities, and other resources.
- EMS resources frequently have dual roles during disaster response and on a day-to-day basis. Communities may find ambulance service curtailed as ambulance personnel are required to support fire suppression, hazardous material response, communications and leadership responsibilities.
- Special needs populations, including children and medically fragile and elderly adults, rely on government assistance during disaster situations.
- Older adults, persons with physical and mental disabilities and chronic conditions, and patients recovering from hospitalizations are especially vulnerable in disasters and increasingly utilize home medical care and long-term nursing facilities as alternatives to hospitalization. As a result, emergency shelters may face an increase in this population during disaster evacuation.
- A growing population of Louisiana residents may have limited proficiency in English.
- Louisiana may be impacted by disasters outside of the State.

While the vast majority of medical disasters faced by Louisiana will not be catastrophic in their impact, the potential exists for catastrophic events.

## C. Louisiana Hazards

### ALL HAZARDS BASED PLANNING:

Louisiana citizens are vulnerable to threats from many natural and man-made events; therefore, this plan uses an all-hazards approach to prepare for medical-disasters.

### NEW AND EMERGING THREATS:

New threats include terrorist initiated use of chemical, biological, radiological, nuclear and explosive (CBRNE) (also known as weapons of mass destruction (WMD)) agents; emerging disease complexes (such as Severe Acute Respiratory Syndrome and Pandemic Influenza); or other natural hazards that are not now considered major sources for a statewide medical or health disaster.

### NATURAL DISASTERS:

Louisiana's natural hazards and their disaster medical and health consequences include:

HAZARD	CONSEQUENCES
Disease Outbreak	Includes disease outbreak in humans, or disease spreading quickly in animals that can cross to humans. EMS and medical care providers may be at high risk of exposure.
Wildland Fire	May spread rapidly with little warning across urban-wildland interfaces, destroy homes and hospitals and other medical care facilities, create respiratory injuries, and reduce the mobility and availability of EMS resources for routine 9-1-1 response.
Flooding	May cause levees to fail. May directly damage hospitals and other medical care facilities or force them to curtail operations and evacuate, creating the need for evacuation shelters, temporary medical care facilities. Also may block roadways preventing ground EMS response or patient evacuation.
Extreme Heat Emergency	May create dangerous conditions for elderly persons and other vulnerable populations without air conditioning; impacting EMS services and hospital emergency departments.
Extreme Cold Emergency	May create dangerous conditions for children, elderly, and/or homeless persons due to extreme cold conditions; impacting EMS services and hospital emergency departments.

## HUMAN AND TECHNOLOGICAL HAZARDS:

HAZARD	CONSEQUENCES
Utility Loss or Failure	Loss of utilities may occur during storms, high wind, rolling black outs and other disasters. Long-term losses of utilities could create local or widespread medical disaster conditions.
Hazardous Material Release	May create a significant threat to human health and safety. Smaller, local events can overwhelm local medical operations, reducing their ability to treat other patients while attempting to quickly identify and treat those with actual chemical exposures.
Nuclear Power Plant Accident	Local exposure and contamination consequences and response are similar to those of hazardous materials releases. Also may create long-term and widespread population health impacts and very high levels of public concern.
Civil Disturbances	May generate multiple casualties, disrupt emergency services, impact medical care facilities and require high level of security to protect responders.
Dam and Levee Failure	Catastrophic failure of a large dam could create hundreds or thousands of casualties, destroy medical facilities and overwhelm the medical care system as well as create long-term consequences of severe flooding.
Structural Fire/Explosion	May create large numbers of casualties and overwhelm the medical care system with trauma and burn victims. May also cause explosions and release the hazardous contents of the structures.
Transportation Emergencies (Aircraft / Ship / Train Collisions)	May create large numbers of casualties and overwhelm local medical resources. May require medical mutual aid and State and federal assistance, such as mortuary/coroner support and support for surviving family members.
WMD / CBRNE Events	CBRNE agents may produce large numbers of ill and injured victims. A terrorism event involving CBRNE agents within Louisiana would likely result in a State of Emergency, with federal agencies activated for investigation, response and recovery.

## D. Louisiana's Emergency Management System

### STATE EMERGENCY MANAGEMENT STRUCTURE:

The emergency management command/management structure has five primary functions. It can expand or contract based on the size and complexity of the emergency.

All levels of Louisiana government involved in disaster response perform within the five functional elements of emergency management. The five functions are:

**COMMAND/MANAGEMENT** -- Command at the field level and management at the local, operational area, region, and State- levels, includes overall emergency response policy, oversight of emergency response planning and operations and coordination of response efforts among the various responding agencies and, at the field level, overall command of emergency response tactical decisions.

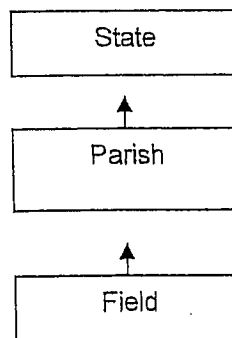
**OPERATIONS** -- Coordinates all multi-agency and multi-jurisdictional disaster operations in support of the emergency response and implements the Action Plan for a defined operational period for response.

**PLANNING** -- Collects, evaluates and disseminates information related to the response; develops Action Plans in coordination with other management functions; performs advanced planning and documents the response status.

**LOGISTICS** -- Provides facilities, services, personnel, equipment and materials to support response operations.

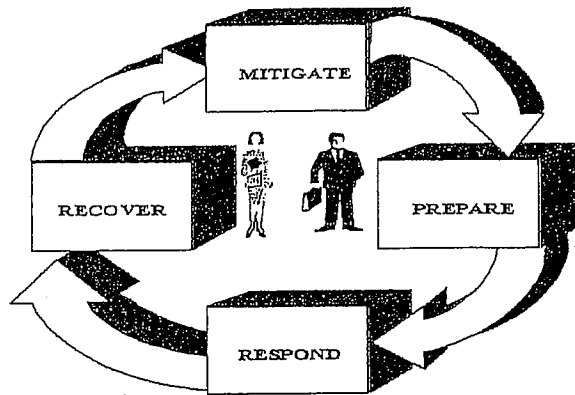
**FINANCE/ADMINISTRATION** -- Tracks personnel and other resource costs associated with response and recovery; provides administrative support to response operations.

Emergency management organizes government emergency response roles, including disaster response roles, by levels, based on government jurisdiction and authority. The following diagram summarizes those levels.



## PHASES OF EMERGENCY MANAGEMENT:

Emergency management activities can be categorized into a series of phases. Each management phase is unique as described below.



## GOVERNORS OFFICE OF HOMELAND SECURITY AND EMERGENCY PREPAREDNESS (GOHSEP):

GOHSEP is part of the Governor's Office and performs executive functions assigned by the Governor. GOHSEP is the lead State agency for all aspects of emergency management, including planning, response coordination, recovery coordination, mitigation efforts, and training. GOHSEP is responsible for development of the state emergency operations plan.

State emergency management staff, headed by the GOHSEP Director, or the Director's designated representative, is assisted by coordinators designated by state agencies. GOHSEP activates and operates the State Emergency Operations Center (EOC). GOHSEP coordinates emergency response and recovery activities with the states federal partners.

GOHSEP has the authority for coordinating State-level disaster response and recovery at the state EOC.

Local EMS services have the ability to request mutual aid from adjoining providers and inter-regional mutual aid by executing memorandums of agreement or memorandums of understanding.

BEMS coordinates overall state agency support for EMS disaster response activities along with the Designated Regional Coordinators in each public health region.

When mutual aid resources are not available locally within the public health region, GOHSEP may use mission tasking to direct state agencies to coordinate disaster resources to local government.

## **E. Concept of Operations**

### **LOUISIANA EMS DISASTER RESPONSE**

The Louisiana Bureau of Emergency Medical Services coordinates EMS disaster response including the provision of statewide mutual aid.

EMS disaster response operational priorities:

- Protecting and preserving human life (highest priority).
- Meeting emergency medical needs, through medical rescue, transport, and medical care services in alternate care sites.
- Protecting property and the environment.
- Mitigating hazards that pose a threat to disaster medical operations.

### **GOALS AND OBJECTIVES OF LOUISIANA EMS DISASTER RESPONSE:**

The goal of the Louisiana EMS disaster response is to ensure a rapid, effective, and coordinated medical response and recovery to major disasters that impact Louisiana.

The following objectives support this goal:

- Ensure EMS agencies comply with ICS.
- Ensure EMS responders remain safe from injury and are protected from communicable diseases and hazardous substances.
- Establish and maintain an augmented disaster communications capability.
- Coordinate provision of mutual aid according to established procedures.
- Maintain liaison with local, State, and federal government agencies and the private sector, ensuring that all response agencies have current information and medical resources are available to support mutual aid.
- Coordinate the safe movement and care of injured and ill persons during an evacuation.

The initial EMS response to disasters in Louisiana is conducted by local EMS and other medical care resources under the direction of local governments or their agents. This initial response is an extension of their day-to-day operations and its effectiveness depends primarily on:

- The effectiveness of day-to-day emergency and other medical care services.
- The ability of affected area government agencies and EMS providers to transition to a disaster organization that supports rapid and effective priority setting, decision making and resource mobilization and response.

While the local level is most critical to life saving, EMS responders at all levels of government and throughout Louisiana must make the transition from day-to-day to disaster operations as rapidly as possible.



## **EMS DISASTER RESPONSE ACTIVATION:**

Louisiana's EMS disaster response is activated when an event occurs, or threatens to occur, that has the potential to create emergency medical or health needs that exceed local response capabilities.

This plan will be activated in part or in full when:

- GOHSEP activates the State Emergency Plan.
- The State Health Officer determines that state support to a local medical or health response is essential to save lives and prevent injury.
- The Bureau of EMS determines support to a local medical response is essential to save lives and prevent injury.

Plan activation may be in response to:

- An alert to BEMS through the DHH EOC.
- Notification and request for medical assistance from a Parish to the State EOC through the DHH EOC.
- Initial BEMS response actions may include:
  - Activating the BEMS Tactical Operations Center with the coordination of DHH/OPH.
  - Dispatching staff to the state EOC and the DHH EOC.
  - Gathering additional information on the emergency or threat.
  - Alerting Designated Regional Coordinators.
  - Alerting EMS providers that may be impacted by the event.
  - Alerting regional response team leaders.

## **DEPARTMENT OF HEALTH AND HOSPITALS – EMERGENCY OPERATIONS CENTER:**

In major disasters with both medical and public health consequences, BEMS will provide staff to the DHH EOC and the state EOC for the coordination of resources from unaffected areas of the State and any requested federal assets.

## **LOUISIANA'S EMS MUTUAL AID SYSTEM:**

Louisiana's EMS Mutual Aid System supplements mutual aid agreements, cooperative agreements, contracts, and other mechanisms employed by local EMS providers, hospitals and other entities to augment day-to-day emergency and disaster medical resources.

Resource requests for response and recovery originate at the lowest level of government (field and local) and are progressively forwarded to the next level until filled. If a Parish is unable to provide the necessary requested assistance from within its jurisdiction the Parish EOC should submit a request to the DRC to activate the Regional Response Plan and to coordinate Regional mutual aid and support. If resources are not available within the public health region, the Parish EOC will forward the request to the State EOC. The State EOC will seek to coordinate the

requested resources through mutual aid from unaffected areas of the State. If the resources are not available within Louisiana, the State EOC will request EMAC or federal support for the requested resources.

## **EMS DISASTER RESPONSE ROLES AND RESPONSIBILITIES:**

### **BUREAU OF EMERGENCY MEDICAL SERVICES:**

BEMS has the following responsibilities through each emergency management phase:

#### **Preparedness Phase:**

1. Strengthen coordination among EMS disaster response elements.
  - Maintain working relationship with GOHSEP for planning and preparedness.
  - Establish liaison with government and private sector medical and health agencies and organizations and involve them in planning, training, and exercise activities. Promote coordination between medical and public health organizations at the local government level.
  - Support EMS network efforts to enhance preparedness and coordination among EMS providers, hospitals, and other medical care providers in state public health regions and to integrate public and private sector medical resources into mutual aid systems.
  - Encourage ongoing dialogue, coordinated planning, and joint exercises among medical response agencies and resources throughout Louisiana.
2. Strengthen the operational capacity of medical response agencies and organizations:
  - At the local level, provide assistance to enhance the preparedness of pre-hospital providers, hospitals and other health facilities, and other medical care providers for all disasters through planning, guidelines, training, and exercises.
  - At the State-level, establish and maintain the operational coordination capability of BEMS through development and coordination of state assets and deployable field resources, support units and management resources that are available for EMS disaster response.
  - Develop communications and information management systems for rapid disaster status assessments and resource tracking to support resource deployment decision making.
3. Develop and maintain a Statewide EMS Mutual Aid System for sharing resources:
  - Implement information management system to rapidly identify local medical response resources available for deployment and track their status during response.
  - Strengthen regional response capability through support of the DRC's for all public health regions.
  - Develop plans, policies, and procedures for coordinating the evacuation of ill and injured patients to unaffected areas within Louisiana and externally, if necessary.
4. Ensure that EMS planning addresses the unique needs of children, frail elderly, and other vulnerable populations through research, education and training, and demonstration projects.

## **Response Phase:**

1. Provide leadership for EMS disaster response:
  - Support and participate within the regional and State multi-agency coordination process for establishing priorities and allocation of State coordinated mutual aid.
  - Monitor EMS disaster response performance, making adjustments as necessary, and identifying the need for federal medical response resources.
  - Provide technical advice and information to local, state, and federal response agencies on areas where medical assistance is needed and where medical resources are available.
2. Ensure the coordination of EMS disaster response:
  - Ensure coordination with GOHSEP by providing staff at the state EOC and the DHH EOC.
  - Support DHH public health response activities.
  - Provide coordination of local disaster medical response elements with local emergency services if requested.
  - Provide Medical and Health contact information to the state EOC.
  - Provide for a process to route all resource requests to appropriate channels and receive immediate processing at each EOC level.
3. Coordinate delivery of EMS disaster response resources to affected areas:
  - Conduct a rapid assessment of the impact of the disaster using all possible sources of information.
  - Assist with the availability of pre-established medical assets within the local areas and coordination of their deployment, including regional response teams, ambulance task forces and ambulance strike teams.
  - Monitor the State's EMS mutual aid process to ensure local medical needs are met in a timely manner.
4. Manage information essential for an effective coordinated response:
  - Gather and disseminate information from affected areas to provide GOHSEP, DHH, other state response agencies, local governmental agencies and local EMS providers with comprehensive intelligence concerning medical needs and response status.
  - Assist in the coordination of the evacuation of injured persons to medical facilities outside affected areas.

**Recovery Phase:**

1. Assist affected areas to establish and maintain temporary EMS and medical care services until normal service levels can be restored:
  - Maintain BEMS operations during recovery period.
  - Continue to support medical mutual aid operations.
  - Continue to support field units that have transitioned from providing emergency medical care to day-to-day medical care services.
2. Assist EMS providers, hospitals and other health facilities to return to normal operations:
  - Assist affected areas to restore essential medical services following a disaster by coordinating personnel, medical resources, technical information and advice.
  - Support local efforts to define, document, and recover disaster-related costs from insurance, State, and federal sources.
3. Support DHH/OPH efforts to restore public and environmental health services following a disaster.

**Mitigation Phase:**

1. Ensure capability of BEMS to respond to disasters even when its headquarters facility is made unusable by an emergency through COOP/COG planning.

## **LOCAL GOVERNMENT:**

Local governments employ a variety of organizational models to manage day-to-day emergency and disaster response resources. "Local government" may include representative State, federal, and tribal entities at the local level that have jurisdictional authority and are also partners in the emergency response. Local government (Parish, city, and special district) emergency medical services may be provided by commercial, volunteer, fire service, other public agencies, or a combination of various entities. Multiple casualty incidents are directed by an Incident Commander (IC) or a Unified Command (UC) structure that includes individuals from appropriate fire service, law enforcement, and EMS agencies. The emergency response activities at the field level are directed by the IC or UC located at a specified Incident Command Post (ICP).

If a medical disaster is of sufficient scale or complexity that resources within a local jurisdiction are insufficient to meet medical needs, the Parish EOC will submit a request to the DRC to activate the Regional Response Plan and to coordinate Regional mutual aid and support.

Mutual aid response and recovery activities are coordinated through the local government's respective jurisdiction. In some cases, the nature and impact of the disaster may require the field Incident Command to join with regional, State, or local jurisdictions to establish a Unified Command and work through a Multi-Agency Coordination Center.

Parishes coordinate their medical and health response through the Parish EOC. The Parish EOC will normally have a staff person responsible for medical and health issues.

## **EMS DESIGNATED REGIONAL COORDINATOR:**

In the event of a local, state, or federal declaration of emergency, the EMS DRC would coordinate disaster medical and health resources within the public health region and be the point of contact for coordination with the adjoining regions and the state EOC.

- Regional Coordinators will respond to a declared state of emergency to the OEP office designated for response.
- Regional Coordinators will serve as the voice of all participating EMS in the region and make decisions about the deployment of regional EMS resources during the incident.
- Regional Coordinators will communicate with the EOC critical information concerning the availability of EMS resources within the region. In turn, the EOC will disseminate critical information to the coordinator that will be shared with designated EMS coordinators.
- Regional Coordinator will collect vital facility information on all EMS operations in their region to pass on to the EOC and/or to the State Emergency Operations Center during an incident.
- Develop and maintain regional EMS response organizational chart.
- Regional Coordinator will facilitate the delivery of resources needed for individual EMS Provider within the region. Regional Coordinator will coordinate with the local EOC according to plans developed for the region.
- Redeployment of personnel and volunteers arriving from inside and outside the region will need to be coordinated with the State Emergency Operations Center.
- Provide appropriate after action support to other regions.
- Regional Coordinator will determine extraordinary demands for specific resources, expertise and communicate with BEMS at the Emergency Operations Center so that resources around the state can be better deployed.
- Regional Coordinator will provide real time information to the EOC during an incident addressing truck inventory, resources, and staffing.
- Regional Coordinators will set up and maintain forward command resources in collaboration with their local EOC's.
- Regional Coordinators should work in collaboration with their local EOC's to review and validate transportation request prior to submission to the State EOC.

## **PRIVATE SECTOR MEDICAL CARE RESOURCES:**

Louisiana's medical and medical care resources are primarily in the private sector. BEMS works closely with these resources and facilities to promote emergency preparedness and a coordinated response.

Private sector medical facilities and other resources in affected areas may have response obligations to their patients, clients, or communities. During emergencies with significant impacts, private sector entities may be incorporated within the local level response and field level activities and requests for assistance would be processed through the respective Parish EOC to the state EOC to support the private entity's response efforts. Private sector medical resources should plan to share status information, coordinate their response and request for support within their respective local government jurisdiction and public health region, and use ICS to manage their response activities.

Affected areas may require assistance from private sector resources in unaffected areas. These resources may be acquired through three methods:

- Government requests through the state EOC.
- Pre-established mutual aid agreements.
- Through pre-existing contractual or corporate relationships.

During the response to a disaster, the DRC's in both the receiving area and the area sending resources should be notified of the request for resources and the intent to provide those resources.

Private sector entity's support from outside the affected areas should be coordinated through and with the knowledge of the supporting entity's respective DRC and the affected area's DRC.

During major disasters, DRC's in affected and unaffected mutual aid regions coordinate the medical response at the mutual aid regional level.

## **FEDERAL RESOURCES:**

The Bureau of EMS will work with ESF-8 at the State EOC to anticipate the need for federal assistance and to coordinate the delivery and application of federal resources.

## **F. Plan Development and Maintenance**

The Louisiana EMS Disaster Medical Response Plan is developed, maintained and administered by BEMS. The Plan is updated annually by BEMS and as needed.

During the plan development and updating processes, the Bureau of EMS elicits input from GOHSEP, DHH/OPH, Louisiana EMS Network, EMS DRC's, and EMS providers. The Bureau also seeks input from academic and professional experts in the field.



## **PART II**

### **A. Disaster Medical Response Resources**

#### **INTRODUCTION**

The Bureau of EMS can coordinate a variety of disaster medical resources at all emergency management levels to ensure that EMS disaster response meets its operational priorities in a coordinated and effective manner. These resources can include logistical support elements; medical supplies, equipment, and personnel; mobile facilities; patient transportation assets; and information management systems.

#### **INCIDENT MANAGEMENT TEAM**

An Incident Management Team (IMT) is a team that provides support for field disaster medical resources such as incident command posts and forward operational areas.

The IMT may support one or more response units simultaneously, while performing the following tasks:

- Provide administrative support for responding personnel, including registration and briefing on arrival and establishing and maintaining personnel and time records.
- Receive mission assignments and coordinate re-assignment or release from field level IC/UC and manage personnel and teams to meet objectives.
- Establish communication and coordinate activities with Parish EOC's.
- Coordinate communications support for field units.
- Determine appropriate use of medical volunteers.
- Coordinate demobilization of response teams through the field ICP and local jurisdiction.
- Provide medical, mental health, and other support through the field ICP and local jurisdiction for responding personnel.
- Coordinate resource support provided by the field ICP and local jurisdiction, other local sources, or through State channels.

#### **EMS VOLUNTEERS**

Each person who wishes to work as a volunteer in declared disaster areas must be registered with the Louisiana ESAR-VHP program.

ESAR-VHP is an emergency personnel management system developed to enroll Louisiana medical care personnel with active unrestricted licenses as volunteers for disaster service. The system validates enrollee licenses and credentials prior to an emergency and provides a mechanism for contacting and mobilizing needed personnel. The system is maintained by DHH/OPH and may be accessed by authorized personnel at the DHH/OPH EOC.

## EMS REGIONAL RESPONSE TEAMS

The EMS, public safety and medical community in DHH Region Seven has organized a local regional response team that can be activated for a statewide deployment. The LA-7 regional response team can be used to support a diverse set of medical missions throughout the state.

## PATIENT TRANSPORT

In a disaster, EMS resources may face large numbers of casualties and damage to roads, facilities, and vehicles. Dispatch, 9-1-1 services, medical direction, and other EMS communications may be damaged or overloaded. In addition, both public and non-public safety EMS personnel may need to perform alternative response functions such as:

- Information gathering and reporting.
- Staffing Field Treatment Sites.
- Using vehicle radios to establish communications links among hospitals, EOC's and field medical sites.
- Supporting the evacuation of medical facilities.
- Providing medical staffing for shelters, ACS's and other facilities.
- Providing medical care aboard improvised medical transport vehicles (e.g., buses).

In areas unaffected by the disaster, pre-hospital providers may support disaster operations by providing:

- Personnel and vehicle mutual aid.
- A Regional Medical Transportation Coordinator to assist DRC's to mobilize vehicles and personnel.
- Medical transportation for casualties evacuated from the impacted areas.

Response of out-of-area ambulances to affected public health regions is provided only in response to official requests and/or through officially established mutual aid plans or automatic and cooperative aid agreements. Ambulance providers responding without valid authorization will likely hinder the response to the disaster and will not receive reimbursement.

FTS are generally designed to operate for up to 48 hours, or until:

- New patients are no longer arriving at the site.
- The FTS transitions to a fixed or temporary medical care facility capable of more extended operations.

The Parish EOC would determine the need to activate Field Treatment Sites and their number and location based on:

- The number and location of injured patients.
- The rate of casualty convergence.
- Level of surviving hospital capacity.
- Availability of logistic support, personnel, and other medical resources for field casualty care.

## **INFORMATION MANAGEMENT SYSTEM**

The State EOC has established an information management system (WEBEOC) for processing emergency requests. This system supports emergency management resource tracking by:

- Expediting resource requests
- Ensuring that resources are sent to the area's most in need.
- Creating up-to-date status reports.
- Generating clear historical records.

## **EMS DISASTER MEDICAL OPERATING GUIDELINES**

In conjunction with stakeholders from local EMS providers, hospitals, fire service, and other organizations, The Bureau of EMS can develop emergency disaster medical operating guidelines to promote disaster medical practice standardization across Louisiana.

## **B. Disaster Medical Response and Recovery Operations**

### **ASSESSING NEEDS AND INITIATING RESPONSE**

Medical responders at all EOC levels require information about the impact of the disaster to anticipate resource needs and response strategies. The key information elements for an initial assessment include:

- The status of medical care facilities and providers.
- Estimates of the number of people who will require medical care.
- Assessment of the ability of the local jurisdiction and public health region resources to meet the expected demand for medical services.

Initial assessment information may be incomplete and inaccurate requiring ongoing re-assessment and focus on facilities and geographic areas that are not reporting. Working within the established intelligence gathering and reporting system will ensure timely and accurate information.

Assessments should be updated and communicated at regular intervals since disaster situations are dynamic. Also, since State and federal assistance requires time to arrive, local officials should continue to reevaluate their ability to meet medical needs without external assistance.

### **MANAGING DISASTER MEDICAL RESOURCES**

Resource management includes resource identification and mobilization, mission assignment and release, coordination with other resource elements, logistic support, resource tracking, and assessment of effectiveness.

Disaster medical resources include local pre-hospital and hospital responders and facilities, mutual aid resources from unaffected areas, ambulance strike teams and medical teams. All resources from outside the affected local jurisdiction and/or public health region are provided through pre-existing mutual aid agreements. The response of medical resources in the public health region is coordinated by the Designated Regional Coordinator for the affected region. If additional assistance is required, requests for EMS mutual aid will follow procedures defined by GOHSEP and BEMS.

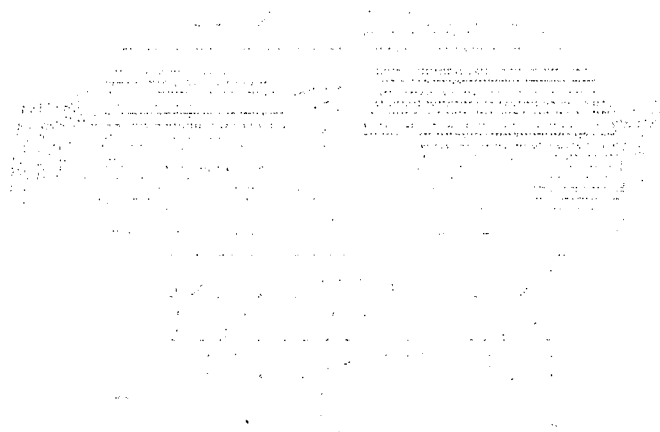
The Medical and Health Branch of the parish EOC and the Designated Regional Coordinator will coordinate all non-local jurisdiction responding EMS resources, including those from outside the area provided through mutual aid and state assistance. The DRC will fill local requests for resources and coordinate release of assigned resources obtained from the state, coordinate changes in mission assignment, and assist the local jurisdictions with resource support. BEMS will activate an IMT (if available) to support medical resources it provides and along with any available technical assistance to the affected public health region to assist with mission assignments, coordination and support.



# **Louisiana Department of Health and Hospitals**

## **Office of Public Health**

### **Bureau of Emergency Medical Services**



## **Tactical Operations Center Operations Manual**

**STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND  
HOSPITALS**

**OFFICE OF PUBLIC HEALTH**

**BUREAU OF EMERGENCY MEDICAL  
SERVICES**

**TACTICAL OPERATIONS CENTER**

**OPERATIONS MANUAL**

## RECORD OF CHANGES TO PLAN

[illegible]



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## BASIC PLAN

### 1. SCOPE:

The Scope of the Bureau of EMS Tactical Operations Center shall be mission driven to the extent of facilitating EMS response efforts through the management of Ambulance personnel and responding units. The Bureau of EMS Tactical Operations Center shall coordinate EMS efforts associated with Incident Response. The intent of this manual is to set the basic structure for the management of a state response to a local government request for assistance.

### 2. FUNCTION:

The Tactical Operations Center serves in the capacity of support function for the EMS Operations section posted within the command structure of the ESF8 Emergency Operations Center. Due to the scope and scale of a large incident management / response and limited availability of space with the ESF8/EOC, the BEMS Tactical Operations Center serves outside the physical EOC in support of incident management response.

The Tactical Operations Center facilitates, confirms, organizes and documents information received from Forward Command at or near the incident location, Staging/Credentialing Sites, Base Camp operations and ESF8/EOC. The Tactical Operations Center receives and assigns missions and task as directed by ESF8/EOC. All missions, task and other communications are received and monitored to conclusion. Missions are received and assigned through WEBEOC, ESF8/EOC Email or "runner". The status of all missions will be closely monitored and posted to WEBEOC and/or directly to ESF8/EOC/EMS Director upon its completion.

Missions and goals assigned to the Tactical Operations Center are collected, cataloged and reviewed against known resources and disseminated to its intended recipients within the response effort. All forms of correspondence will be documented clearly and legibility by each participant assigned to the positions noted above.

### 3. INCIDENT MANAGEMENT:

The Bureau of EMS, when activated will be organized into as many as six incident management sections: EMS Incident Commander, EMS Deputy Incident Commander, EMS Operations Section, EMS Planning Section, EMS Logistics Section, EMS Administration/Finance Section and EMS Liaison Officer. These section chiefs will be located in the EMS Tactical Operations Center during the event. These sections will be activated to match the complexity of the incident.

- A. EMS Incident Commander- The EMS Incident Commander will be the management focal point for the Office of Public Health leadership, decision-making, and coordination of EMS response and recovery activities.

- B. EMS Deputy Incident Commander: The EMS Deputy Incident Commander will assist the EMS Incident Commander in the performance of his/her duties.
- C. The EMS Operations Section. The EMS Operations Section will coordinate the implementation of assigned emergency functions and decisions between the Incident Commander and the field resources.
- D. The EMS Planning Section. The EMS Planning Section supports the EMS incident management activities assist in planning and documenting of the IAP (Incident Action Plan) and coordinates with logistics to determine resource availability and needs. This section is responsible for scribing all activities, documentation, and data entry.
- E. The EMS Logistics Section- The EMS Logistical Section will be responsible for coordinating resources to support the EMS mission. The EMS Logistical Section will coordinate and track incident resources including, but not limited to personnel, equipment, facilities, supplies, equipment maintenance, and food services for EMS personnel.
- F. The EMS Finance Section- The EMS Finance Section is established to support incident management activities by monitoring and documenting cost expenditures. The EMS Finance Section anticipates future financial requirements as the incident progresses and determines sources of procurement.
- G. The EMS Liaison Officer- The EMS Liaison Officer is responsible for coordinating with representatives from other responding agencies to establish and maintain mutual cooperation to support the mission of EMS.

#### 4. NOTIFICATION:

##### Activation Procedure:

In the event of an emergency, the Director of EMS shall notify personnel assigned to the Tactical Operations Center. Notification shall be made through the following means based upon the criticality of the situation:

- Email by computer or blackberry
- Telephone
- Communicator

#### 5. LOCAL NOTIFICATION

Upon notification of a major incident involving potential mass casualty, the BEMS Tactical Operations Center will be activated by the Director of the Bureau of EMS. The BEMS

Tactical Operations Center will then contact the EMS providers in the affected area and notify them of any recommendations to take.

**6. LOCATION:**

The primary location of the Bureau of EMS Tactical Operations Center will be domiciled at the BEMS office on Bluebonnet Blvd. The BEMS Tactical Operations Center location shall parallel the location of ESF 8/EOC.

Secondary fall back location will be:

Gillis Long Center  
Building 15  
Carville, La.

Tertiary fall back location will be:

OPH Region 6 Headquarters  
5604 "B" Coliseum Blvd.  
Alexandria, La. 71303

**7. COMMUNICATIONS:**

Communications means within the cell and to forward command shall use the following means:

- Verbal - byway of 1) land lines, 2) cell phones, 3) radios (700/800 MHz, VHF, UHF, Hear and Ham) 4) faxes.
- Data Streams - WEBEOC, EMSsystems, Computer Assisted Dispatch (CAD)

**8. INCIDENT ACTION PLAN COORDINATION:**

Incident Action Plans will be collected from Forward Command and/or EMS Designated Regional Coordinators via email, fax, phone, radio.

**9. SITUATION REPORTS:**

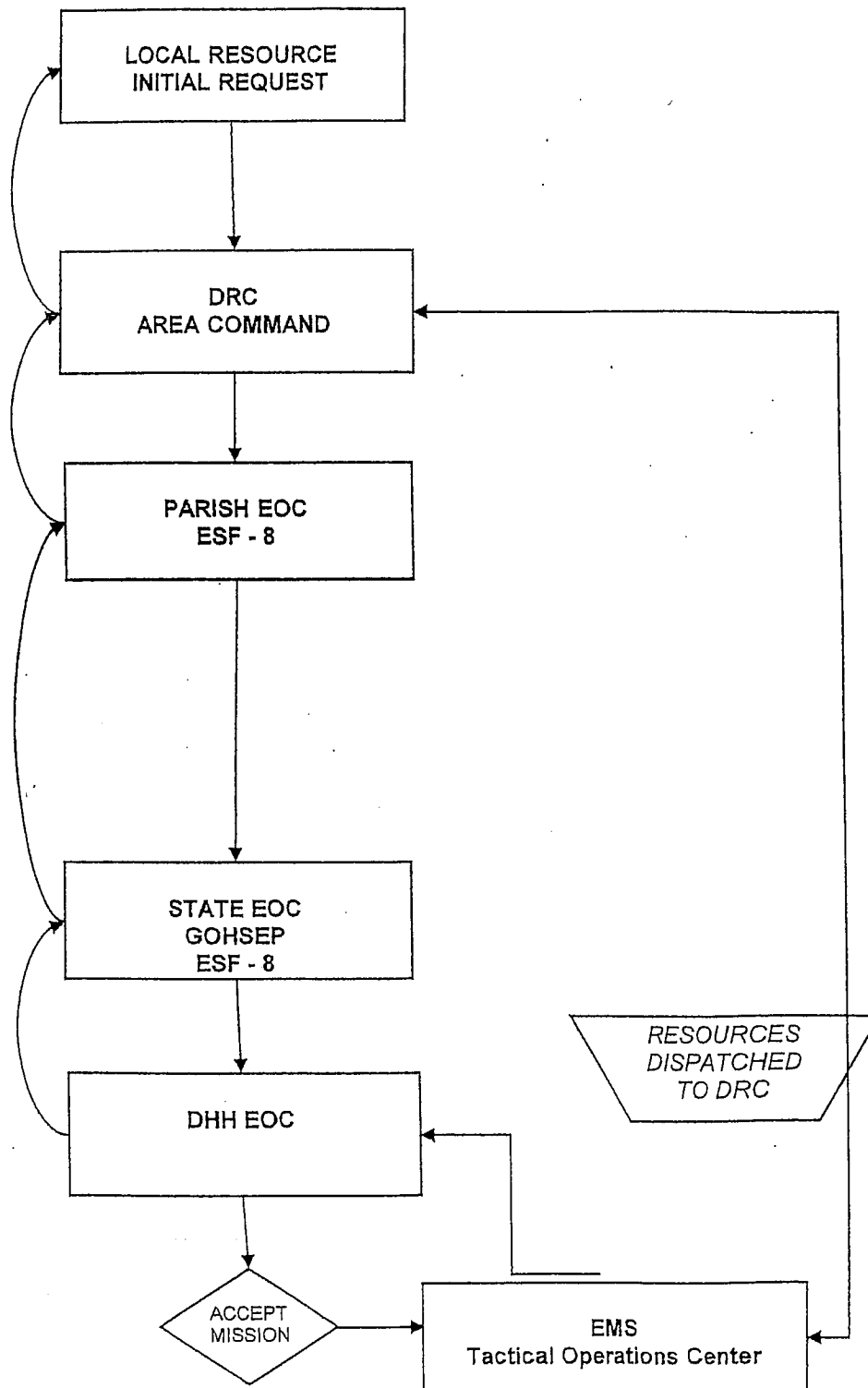
Situation Reports shall be submitted to the ESF8 EOC by the EMS Tactical Operations Center at the EOC's request. EMS DRC's shall submit situation reports to the EMS Tactical Operations Center at its request.

## **10. COMMUNICATIONS FLOW:**

The communications flow begins with a request from the local agency requesting assistance. They shall submit a request for assistance to the regional EMS DRC. This request shall then be submitted by the DRC in conjunction with the Parish EOC using the attachment A flowchart in this document.

## ATTACHMENT A

### COMMUNICATIONS FLOW CHART



1.1 JOB AID #3 -- EMS EOC COMMANDER CHECKLIST (Page 1 Of 4)

*Mission: The role of the EMS Emergency Operations Center is to coordinate statewide pre-hospital resources to mitigate and support the mission of the Louisiana Department of Health and Hospital/Office of Public Health at the local, regional state or federal levels. The EMS EOC Commander oversees the overall EMS response to state disasters and major emergencies*

POSITIONS ASSIGNED:

EMS EOC COMMANDER \_\_\_\_\_

EMS EOC OPERATIONS: \_\_\_\_\_

EMS EOC PLANNING: \_\_\_\_\_

EMS EOC LOGISTICS: \_\_\_\_\_

EMS EOC FINANCE/ADM: \_\_\_\_\_

EMS EOC SCRIBE: \_\_\_\_\_

EMS EOC LIAISON: \_\_\_\_\_

**IMMEDIATE ACTIONS:**

TASK	✓ When Complete	Time (When Applicable)
Receives standup orders from EMS Director and Initiate ICS/EOC		
Put on identification vest and picture ID badge		
Read entire Job Aid		
Initiate action plan meeting and develop incident action plan		
Introduce self to all staff assigned to EMS EOC Cell		
Standup EMS EOC positions as needed: <ul style="list-style-type: none"> <li>▪ EMS EOC Operations</li> <li>▪ EMS EOC Logistics</li> <li>▪ EMS EOC Planning</li> <li>▪ EMS EOC Finance/Administration</li> <li>▪ EMS EOC Scribe</li> <li>▪ EMS Liaison</li> </ul>		
Convene staff briefing for all persons assigned: <ul style="list-style-type: none"> <li>▪ Staff inductions (Name, position and roles)</li> <li>▪ Mission and incident objectives (Incident Action Plan)</li> <li>▪ Physical layout EMS EOC/OPH EOC (Include restrooms/break areas)</li> <li>▪ Safety briefing</li> <li>▪ Paperwork, supplies and equipment</li> </ul>		

<ul style="list-style-type: none"> <li>▪ Radio Protocols, General Messages (ICS 213 a)</li> <li>▪ Security (Security Log initiate)</li> <li>▪ Complete Personnel Profile (ICS 211 pp)</li> </ul>		
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## 14.3 JOB AID #3 -- EMS EOC COMMANDER CHECKLIST (Page 2 of 4)

SK	When Complete	Time (When Applicable)
Determine locations of shelters/Clinic Sites/Disaster Scenes		
Determine state resources and dispatch to incident if applicable		
Determine EMS provider availability and dispatch to incident if applicable		
Assign radios and call signs to EOC Staff and Field EMS Coordinators		
Obtain EMS EOC Supplies (EMS Disaster Coordinator's Office) <ul style="list-style-type: none"> <li>Office Supply Tackle Box (Ruler)</li> <li>EMS EOC Clip Boards, ICS Forms and BEMS EOP</li> <li>Easel Pad and Easel Holder (Post It)</li> <li>Computer, In-focus and Printer</li> <li>Screen</li> <li>Folders</li> <li>ICS Forms</li> <li>Phone list</li> <li>Note Pads</li> <li>Tac Pack</li> </ul>		
Easel shelter//Clinic Sites/Disaster Scenes/sites <ul style="list-style-type: none"> <li>Region</li> <li>Location</li> <li>Phone</li> <li>EMS Coordinator</li> <li>Personnel</li> <li>Radio Call Sign</li> <li>Equipment (Trailers)</li> </ul>		
Fax/Email EMS Agencies <ul style="list-style-type: none"> <li>ICS 261 EMS Provider Information and Expense</li> <li>ICS 291 Fringe benefit summary for each employee</li> <li>ICS 211 pp Personnel Profile</li> <li>W-9</li> </ul>		
ICS 261 EMS Provider Information and Expense <ul style="list-style-type: none"> <li>Agency Fax ICS 261 to EOC prior to leaving origin</li> <li>Every 12 hours thereafter (7 AM and 7 PM) or as needed</li> </ul>		
Easel EMS Unit from ICS 211 e <ul style="list-style-type: none"> <li>Agency and Unit Number</li> <li>Assignment Location</li> <li>Personnel/Certification Level on Unit</li> <li>Cellular Phone Number</li> <li>ETA if applicable</li> <li>Time on scene</li> <li>Time off scene</li> </ul>		

## 14.3 JOB AID #3 -- EMS EOC COMMANDER CHECKLIST (Page 3 of 4)

Task	When Complete	Time (When Applicable)
<b>Easel</b> <ul style="list-style-type: none"> <li>Incident Goals (From ICS 202)</li> <li>Command Structure (From ICS 207)</li> <li>EMS Units (From ICS 211 e)</li> <li>State Equipment Deployed (From ICS 211 e)</li> <li>Shelter/Clinic Sites</li> <li>Problems</li> <li>Radio Assignments (From ICS 205)</li> <li>Personnel Roster (ICS 211 p)</li> <li>Important Phone Numbers</li> </ul>		
<b>Initiate Incident Command System Forms</b> <ul style="list-style-type: none"> <li>201-Initial Incident Forms</li> <li>202 - Incident Action Plan/Objectives</li> <li>203/207- ICS Structure/Organizational Chart</li> <li>204 - EMS Assignment List</li> <li>205 - ICS Communications List</li> <li>211 e - Equipment Check-in List</li> <li>211 p - Personnel Check-in List</li> <li>211 s - Security Log</li> <li>214 - Unit Log</li> <li>214 a - Individual Log</li> <li>215 - Operational Planning Worksheet</li> <li>271 - EMS Patient Log</li> </ul>		
<b>SECONDARY ACTIONS:</b>		
Monitor colleagues for fatigue and stress (Notify manager as needed)		
Convene Situation Meetings as needed		
<b>Prepare SITREP</b> <ul style="list-style-type: none"> <li>1<sup>st</sup> hour</li> <li>2nd hour</li> <li>3rd hour</li> <li>Every 3 hours thereafter</li> <li>Or as needed</li> </ul>		
Make folders for each EMS Unit		
Determine shifts/schedule of personnel		
<b>Coordinate Logistics (EMS EOC/Shelter/Clinics/Scene)</b> <ul style="list-style-type: none"> <li>Meals &amp; Hydration</li> <li>Lodging</li> <li>Hygiene</li> </ul>		
<b>ICS 291 BEMS/FEMA Forced Labor/Equipment/Materials Summary</b> <ul style="list-style-type: none"> <li>Initiate as soon as feasible on Lap Top Computer</li> <li>7 AM and 7 PM</li> </ul>		

14.3 JOB AID #3 -- EMS EOC COMMANDER CHECKLIST (Page 4 of 4)

TASK	✓ When Complete	Time (When Applicable)
Monitor public for stress/fatigue		
<b>EXTENDED ACTIONS:</b>		
Convene "Hot Wash" <ul style="list-style-type: none"> <li>▪ Thank all staff for their participation</li> <li>▪ Assign scribe to document staff comments</li> <li>▪ Solicit from staff what went well, what did not go well</li> <li>▪ Use easel to document findings</li> </ul>		
Collect paperwork from staff <ul style="list-style-type: none"> <li>▪ Job Aids</li> <li>▪ ICS Forms</li> <li>▪ Notes</li> <li>▪ Scribe notes</li> <li>▪ After action report from coordinators, command positions, etc.</li> </ul>		
Critical Incident Stress Debriefing if applicable		

**NOTES:**

JOB AID EMS TOC DEPUTY INCIDENT COMMANDER CHECKLIST

*Mission: The role of the EMS Tactical Operations Center is to coordinate statewide pre-hospital resources to mitigate and support the mission of the Louisiana Department of Health and Hospital/Office of Public Health at the local, regional state or federal levels. The EMS TOC Commander oversees the overall EMS response to state disasters and major emergencies.*

POSITIONS ASSIGNED:

EMS DEPUTY INCIDENT COMMANDER

\_\_\_\_\_

EMS TOC OPERATIONS:

\_\_\_\_\_

EMS TOC PLANNING:

\_\_\_\_\_

EMS TOC LOGISTICS:

\_\_\_\_\_

EMS TOC FINANCE:

\_\_\_\_\_

EMS TOC SCRIBE:

\_\_\_\_\_

EMS TOC LIAISON:

\_\_\_\_\_

IMMEDIATE ACTIONS:		
TASK	✓ When Complete	Time (When Applicable)
Receives standup orders from EMS Director and Initiate ICS		
Read entire Job Aid		
Introduce self to all staff assigned to EMS TOC		
Standup EMS TOC positions as needed: <ul style="list-style-type: none"> <li>▪ EMS TOC Operations</li> <li>▪ EMS TOC Logistics</li> <li>▪ EMS TOC Planning</li> <li>▪ EMS TOC Finance/Administration</li> <li>▪ EMS TOC Scribe</li> <li>▪ EMS Liaison</li> </ul>		
Convene staff briefing for all persons assigned: <ul style="list-style-type: none"> <li>▪ Staff inductions (Name, position and roles)</li> <li>▪ Mission and incident objectives</li> <li>▪ Physical layout EMS TOC/OPH EOC (Include restrooms/break areas)</li> <li>▪ Safety briefing</li> <li>▪ Paperwork, supplies and equipment</li> <li>▪ Radio Protocols, General Messages</li> <li>▪ Security (Security Log initiate)</li> <li>▪ Complete Personnel Profile</li> </ul>		

TASK	When Complete	Time (When Applicable)
Determine locations of shelters/Clinic Sites/Disaster Scenes		
Determine state resources and dispatch to incident if applicable		
Determine EMS provider availability and dispatch to incident if applicable		
Assign radios and call signs to TOC Staff and Field EMS staff		
Obtain EMS TOC Supplies <ul style="list-style-type: none"> <li>▪ EMS TOC Clip Boards, ICS Forms and BEMS EOP</li> <li>▪ Easel Pad and Easel Holder (Post It)</li> <li>▪ Computer, In-focus and Printer</li> <li>▪ Screen</li> <li>▪ Folders</li> <li>▪ ICS Forms</li> <li>▪ Phone list</li> <li>▪ Note Pads</li> </ul>		
Fax/Email EMS Agencies <ul style="list-style-type: none"> <li>▪ Situation reports as necessary</li> <li>▪ ICS 261 Reimbursement packet</li> </ul>		

TASK	✓ When Complete	Time (When Applicable)
Initiate Incident Command System Forms <ul style="list-style-type: none"> <li>▪ 201- Incident Briefing</li> <li>▪ 202 – Incident Objectives</li> <li>▪ 203 – Organization Assignment List</li> <li>▪ 204 – Incident Status Summary</li> <li>▪ 205 – Incident Communications Plan</li> <li>▪ 206 – Incident Medical Plan</li> <li>▪ Safety Message (no specific form)</li> <li>▪ Maps of incident site</li> <li>▪ Weather forecast</li> </ul>		
<b>SECONDARY ACTIONS:</b>		
Monitor colleagues for fatigue and stress (Notify manager as needed)		
Convene Situation Meetings as needed		
Prepare SITREP <ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> hour</li> <li>▪ 2nd hour</li> <li>▪ 3rd hour</li> <li>▪ Every 3 hours thereafter</li> <li>▪ Or as needed</li> </ul>		
Determine shifts/schedule of personnel		
Coordinate Logistics <ul style="list-style-type: none"> <li>▪ Meals &amp; Hydration</li> <li>▪ Lodging</li> <li>▪ Hygiene</li> </ul>		

ASK	✓ When Complete	Time (When Applicable)
Monitor staff for stress/fatigue		
<b>EXTENDED ACTIONS:</b>		
Convene "Hot Wash" <ul style="list-style-type: none"> <li>▪ Thank all staff for their participation</li> <li>▪ Assign scribe to document staff comments</li> <li>▪ Solicit from staff what went well, what did not go well</li> </ul>		
Collect paperwork from staff <ul style="list-style-type: none"> <li>▪ Job Aids</li> <li>▪ ICS Forms</li> <li>▪ Notes</li> <li>▪ Scribe notes</li> <li>▪ After action report from coordinators, command positions, etc.</li> </ul>		

**NOTES:**



1.1 JOB AID #5 – EMS TOC OPERATIONS CHIEF (Page 1 Of 3)

***Mission: The role of the EMS TOC Operations Chief is to manage all incident tactical activities and implements the Incident Action Plan directed toward reducing the immediate hazard, saving lives and property, establishing situation control, and restoring normal conditions.***

PERSON ASSIGNED:

\_\_\_\_\_

You report to the EMS Deputy Incident Commander:

\_\_\_\_\_

IMMEDIATE ACTIONS:		
TASK	✓ When Complete	Time (When Applicable)
Receives standup orders from EMS Commander		
Put on identification vest and picture ID badge		
Read entire Job Aid and review incident organization chart		
Establish Incident Objectives and Communicate to EMS Incident Commander		
Determine Incident Needs and communicate to EMS Incident Commander		
Develop Incident Action Plan and communicate to EMS Incident Commander		
Determine scene hazardous and communicate to EMS Incident Commander		
Attend action plan meeting and develop incident action plan		

14.5 JOB AID #5 – EMS EOC OPERATION CHIEF (Page 2 of 3)

TASK	When Complete	Time (When Applicable)
Obtain briefing from EMS EOC Commander; <ul style="list-style-type: none"> <li>▪ Staff inductions (Name, position and roles)</li> <li>▪ Mission and incident objectives (Incident Action Plan)</li> <li>▪ Physical layout (Include restrooms/break areas)</li> <li>▪ Receive Disaster EOP, ICS Forms</li> <li>▪ Radio Protocols, General Messages (ICS 213 a)</li> <li>▪ Safety briefing</li> <li>▪ Security (Sign in on Security Log)</li> <li>▪ Complete Personnel Profile (ICS 211 pp)</li> </ul>		
Coordinate efforts with EMS on scene staff in affected areas: <ul style="list-style-type: none"> <li>▪ EMS On-Scene EMS Command/Coordinator</li> <li>▪ Other staff(document as needed):</li> </ul>		
Determine locations of shelters/Clinic Sites/Disaster Scenes		
Assist the Logistics and Liaison Officers to Determine EMS provider availability		
Assist in the initiation Incident Command System Forms; (P) Primary (S) Supportive <ul style="list-style-type: none"> <li>▪ 201-Initial Incident Forms (S)</li> <li>▪ 202 - Incident Action Plan/Objectives (S)</li> <li>▪ 203/207- ICS Structure/Organizational Chart (P) (S)</li> <li>▪ 204 - EMS Assignment List (P) (S)</li> <li>▪ 205 - ICS Communications List (S)</li> <li>▪ 211 e - Equipment Check-in List (S)</li> <li>▪ 211 p - Personnel Check-in List (S)</li> <li>▪ 211 s - Security Log (P) (S)</li> <li>▪ 214 - Unit Log (P)</li> <li>▪ 214 a - Individual Log (P)</li> <li>▪ 215 - Operational Planning Worksheet (P)</li> <li>▪ 271 - EMS Patient Log (P) (S)</li> </ul>		
<b>SECONDARY ACTIONS:</b>		
Monitor colleagues for fatigue and stress (Notify manager as needed)		
Monitor public for stress/fatigue		
Convene Situation Meetings as needed		

Prepare SITREP <ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> hour</li> <li>▪ 2nd hour</li> <li>▪ 3rd hour</li> <li>▪ Every 3 hours thereafter, or as needed</li> </ul>		
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#### 14.5 JOB AID #5 – EMS EOC OPERATION CHIEF (Page 3 Of 3)

TASK	When Complete	Time (When Applicable)
Determine shifts/schedule of personnel		
Coordinate Logistics (Shelter/Clinics/Scene) <ul style="list-style-type: none"> <li>▪ Meals &amp; Hydration</li> <li>▪ Lodging</li> <li>▪ Hygiene</li> </ul>		
<b>EXTENDED ACTIONS:</b>		
Convene "Hot Wash" <ul style="list-style-type: none"> <li>▪ Thank all staff for their participation</li> <li>▪ Assign scribe to document staff comments</li> <li>▪ Solicit from staff what went well, what did not go well</li> <li>▪ Use easel to document findings</li> </ul>		
Collect paperwork from staff <ul style="list-style-type: none"> <li>▪ Job Aids</li> <li>▪ ICS Forms</li> <li>▪ Notes</li> <li>▪ Scribe notes</li> <li>▪ After action report from coordinators, command positions, etc.</li> </ul>		
Critical Incident Stress Debriefing if applicable		

**NOTES:**

## 1.1 JOB AID #6 -- EMS EOC PLANNING CHIEF CHECKLIST

*Mission: The role of the EMS TOC Planning Officer is responsible for collecting, evaluating and disseminating tactical information pertaining to the incident. This section maintains information and intelligence on the current and forecasted situation, as well as the status of resources assigned to the incident. The Planning Section prepares and documents the Incident Action Plan and incident maps and gathers and disseminates information and intelligence critical to the incident.*

PERSON ASSIGNED:

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You report to the EMS EOC Commander:

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IMMEDIATE ACTIONS:		
TASK	✓ When Complete	Time (When Applicable)
Receives standup orders from EMS Incident Commander		
Put on identification vest and picture ID badge		
Read entire Job Aid and review organizational chart		
Communicate Incident Objectives/Needs to EMS Incident Commander		
Obtain briefing from EMS Incident Commander <ul style="list-style-type: none"><li>▪ Staff inductions (Name, position and roles)</li><li>▪ Mission and incident objectives (Incident Action Plan)</li><li>▪ Physical layout (Include restrooms/break areas)</li><li>▪ Receive Disaster EOP, ICS Forms</li><li>▪ Radio Protocols, General Messages (ICS 213 a)</li><li>▪ Safety briefing</li><li>▪ Security (Sign in on Security Log)</li><li>▪ Complete Personnel Profile (ICS 211 pp)</li></ul>		

Standup EMS EOC positions as needed: <ul style="list-style-type: none"> <li>▪ Resource Unit</li> <li>▪ Situation Unit</li> <li>▪ Demobilization Unit</li> <li>▪ Documentation Unit</li> <li>▪ Technical Specialist</li> </ul>		
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#### 14.6 JOB AID #6 -- EMS EOC PLANNING CHIEF CHECKLIST

TASK	When Complete	Time (When Applicable)
Determine locations of shelters/Clinic Sites/Disaster Scenes		
Determine state resources and dispatch to incident if applicable		
Determine EMS provider availability and dispatch to incident if applicable		
Assign radios and call signs to EOC Staff and Field EMS Coordinators		
Easel (Primary/Supportive) <ul style="list-style-type: none"> <li>▪ Incident Goals (From ICS 202)</li> <li>▪ Command Structure (From ICS 207)</li> <li>▪ EMS Units (From ICS 211 e)</li> <li>▪ State Equipment Deployed (From ICS 211 e)</li> <li>▪ Shelter/Clinic Sites</li> <li>▪ Problems</li> <li>▪ Radio Assignments (From ICS 205)</li> <li>▪ Personnel Roster (ICS 211 p)</li> <li>▪ Important Phone Numbers</li> </ul>		
Initiate Incident Command System Forms (P) Primary (S) Supportive <ul style="list-style-type: none"> <li>▪ 201-Initial Incident Forms (P)</li> <li>▪ 202 - Incident Action Plan/Objectives (P)</li> <li>▪ 203/207- ICS Structure/Organizational Chart (P)</li> <li>▪ 204 - EMS Assignment List (P) Primary (S) Supportive</li> <li>▪ 205 - ICS Communications List (P) Primary (S) Supportive</li> <li>▪ 211 e - Equipment Check-in List (S)</li> <li>▪ 211 p - Personnel Check-in List (S)</li> <li>▪ 211 s - Security Log (P) Primary (S) Supportive</li> <li>▪ 214 - Unit Log (P)</li> <li>▪ 214 a - Individual Log (P)</li> <li>▪ 215 - Operational Planning Worksheet (P)</li> <li>▪ 271 - EMS Patient Log (S)</li> </ul>		

### 1.1 JOB AID #7 -- EMS EOC LOGISTICS CHIEF CHECKLIST

*Mission: The role of the EMS Tactical Operations Center Logistics Chief is to organize and direct those operations to meet all the support needs for the incident including ordering resources through appropriate procurement authorities from off-incident locations. It also provides facilities, transportation, supplies, equipment maintenance and fueling, food service, communications and medical services for incident personnel.*

PERSON ASSIGNED:

\_\_\_\_\_

YOU REPORT TO:

\_\_\_\_\_

IMMEDIATE ACTIONS:		
TASK	When Complete	Time (When Applicable)
Receives standup orders from EMS Incident Commander		
Put on identification vest and picture ID badge		
Read entire Job Aid and review organizational chart		
Attend action plan meeting and develop incident action plan		
Communicate Incident Objectives/Needs to EMS Incident Commander		
Obtain briefing from EMS Incident Commander <ul style="list-style-type: none"><li>▪ Staff inductions (Name, position and roles)</li><li>▪ Mission and incident objectives (Incident Action Plan)</li><li>▪ Physical layout (Include restrooms/break areas)</li><li>▪ Receive Disaster EOP, ICS Forms</li><li>▪ Radio Protocols, General Messages (ICS 213 a)</li><li>▪ Safety briefing</li><li>▪ Security (Sign in on Security Log)</li><li>▪ Complete Personnel Profile (ICS 211 pp)</li></ul>		

# 14.7 JOB AID #7 -- EMS EOC LOGISTICS CHIEF CHECKLIST

TASK	When Complete	Time (When Applicable)
Initiate Incident Command System Forms		
<b>SECONDARY ACTIONS:</b>		
Monitor colleagues for fatigue and stress (Notify manager as needed)		
Convene Situation Meetings as needed		
Prepare SITREP (Obtain approval from EMS Command and send out)		
<ul style="list-style-type: none"> <li>1<sup>st</sup> hour</li> <li>2nd hour</li> <li>3rd hour</li> <li>Every 3 hours thereafter</li> <li>Or as needed</li> </ul>		
Make folders for each EMS Unit		

# 14.7 JOB AID #7 -- EMS EOC LOGISTICS CHIEF CHECKLIST

TASK	When Complete	Time (When Applicable)
Determine shifts/schedule of personnel in section		
Coordinate Logistics (EMS EOC/Shelter/Clinics/Scene)		
<ul style="list-style-type: none"> <li>Meals &amp; Hydration</li> <li>Lodging</li> <li>Hygiene</li> </ul>		
ICS 291 BEMS/FEMA Forced Labor/Equipment/Materials Summary		
<ul style="list-style-type: none"> <li>Initiate as soon as feasible on Lap Top Computer</li> <li>7 AM and 7 PM</li> </ul>		
Monitor public for stress/fatigue		
<b>EXTENDED ACTIONS:</b>		
Convene "Hot Wash"		
<ul style="list-style-type: none"> <li>Thank all staff for their participation</li> <li>Assign scribe to document staff comments</li> <li>Solicit from staff what went well, what did not go well</li> <li>Use easel to document findings</li> </ul>		
Collect paperwork from staff		
<ul style="list-style-type: none"> <li>Job Aids</li> <li>ICS Forms</li> </ul>		

<ul style="list-style-type: none"> <li>▪ Notes</li> <li>▪ Scribe notes</li> <li>▪ After action report from coordinators, command positions, etc.</li> </ul>		
Critical Incident Stress Debriefing if applicable		



# 1.1 JOB AID #8 -- EMS EOC FINANCE CHIEF CHECKLIST

*Mission: The role of the EMS Tactical Operations Center Finance Chief is to monitor the utilization of financial assets. Oversee the acquisition of supplies and services necessary to carry out the mission of Emergency Medical Services. Supervise the documentation of expenditures relevant to the emergency incident.*

PERSON ASSIGNED:

\_\_\_\_\_

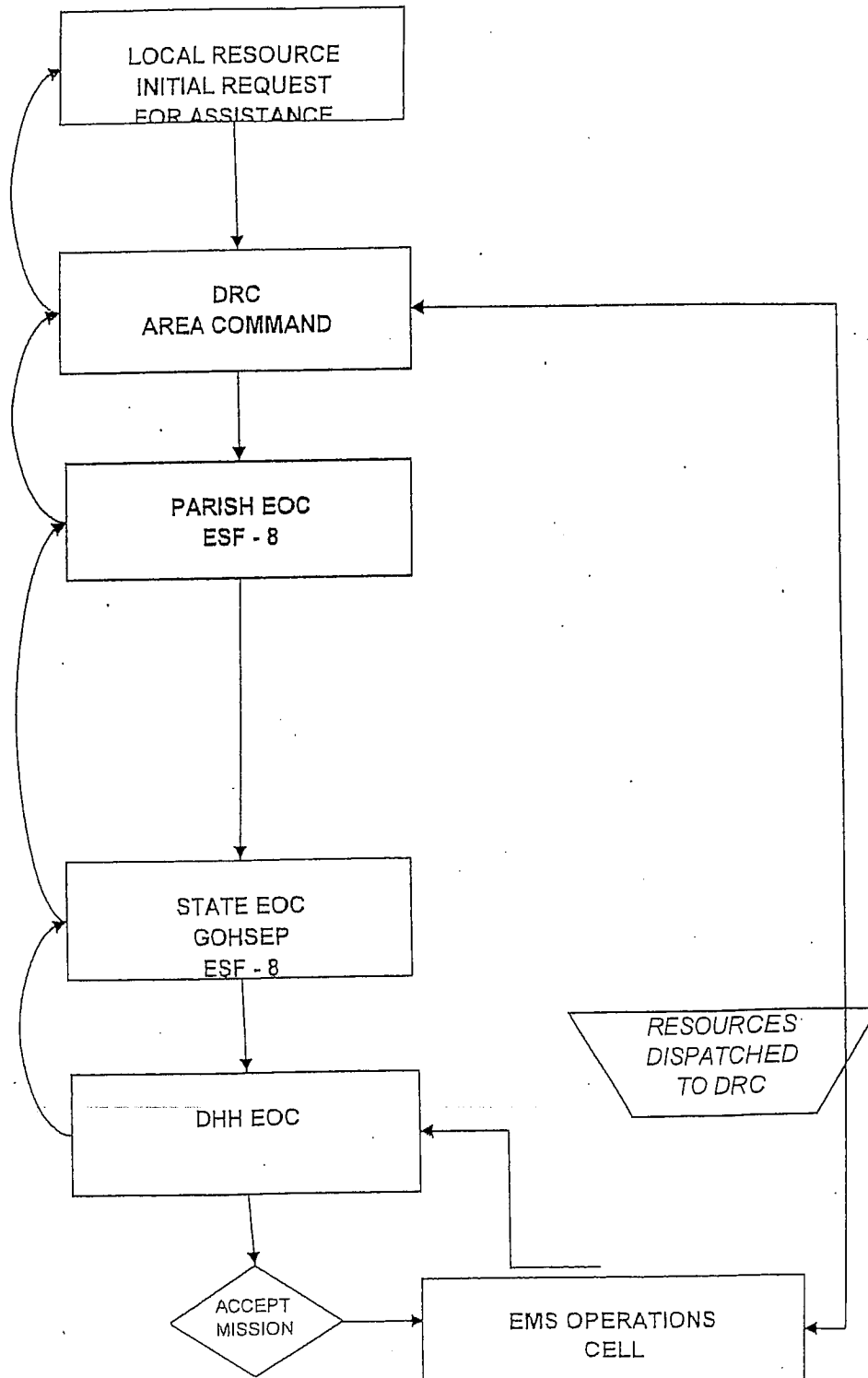
YOU REPORT TO :

\_\_\_\_\_

IMMEDIATE ACTIONS:		
TASK	✓ When Complete	Time (When Applicable)
Receives standup orders from EMS EOC Commander		
Put on identification vest and picture ID badge		
Read entire Job Aid and review organizational chart		
Attend action plan meeting and develop incident action plan		
Communicate Incident Objectives/Needs to EMS EOC Commander		
Obtain briefing from EMS EOC Commander <ul style="list-style-type: none"> <li>▪ Staff inductions (Name, position and roles)</li> <li>▪ Mission and incident objectives (Incident Action Plan)</li> <li>▪ Physical layout (Include restrooms/break areas)</li> <li>▪ Receive Disaster EOP, ICS Forms</li> <li>▪ Radio Protocols, General Messages (ICS 213 a)</li> <li>▪ Safety briefing</li> <li>▪ Security (Sign in on Security Log)</li> <li>▪ Complete Personnel Profile (ICS 211 pp)</li> </ul>		
Introduce self to all staff assigned to EMS EOC Cell		
Standup EMS EOC positions as needed: <ul style="list-style-type: none"> <li>▪ Cost Unit Leader</li> <li>▪ Time Unit Leader</li> <li>▪ Procurement Unit Leader</li> <li>▪ Compensation Unit Leader</li> </ul>		
Determine shifts/schedule of personnel		

## ATTACHMENT A

### COMMUNICATIONS FLOW CHART



### Ambulance request structure

The state has entered into contracts with state ambulance companies to provide assistance to local agencies. The state will also request additional resources, if they are needed, by an EMAC request or a request to FEMA to activate the federal ambulance contract.

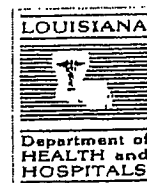
Once these contracts are activated the providers will send their units to a credentialing area. OPH is responsible for establishing these credentialing areas. Once the units are credentialed they will be available to respond to calls initiated by the EMS operations cell.

The original request from a local service that requires state assistance must go to the Parish EOC or local emergency management office. The Parish center or office will send an official request to the State EOC at GOHSEP.

The State EOC will verify the request and send a mission approval to the ESF - 8/DHH EOC which will task the EMS operations cell to dispatch the ambulances to the regional DRC.

The Regional DRC is responsible for the assigned units until the mission or missions are completed.

Once the mission or missions are completed the ambulance will be returned to a staging area and will be available for another mission.



## MIEP Timelines

H-Hour is set by GOHSEP as the time of projected onset of tropical force winds striking the coast of Louisiana. It is NOT 12 hours before tropical storm force winds hit, nor is it the time of landfall.

H-Hour	Activity	Responsible
H-96	Hospitals begin 12-hour reporting cycle to EMS System data DRCs	DRCs and hospitals
	Designated Regional Coordinators alert hospitals regarding proposed response: Evacuate (partial or full) or SIP.	
	Prepare to Deploy communications packages for aero-medical evacuation	State ESF 8
	Prepare to Deploy NDMS assets for aero-medical evacuation	State and Federal ESF 8
	Identify AMPs ICS structure	Regional OPH
H-72	State ESF 8 Conference call held <ul style="list-style-type: none"> <li>Seek State Declaration</li> <li>Submit all MIEP ARFs</li> </ul>	State ESF 8
	Hospital DRCs to facilitate completion of Form 1 to identify potential throughput. <ul style="list-style-type: none"> <li>4 hour deadline for submission</li> <li>Submit to State ESF 8/LHA Desk/GPMRC Liaison/JRMP</li> </ul>	DRCs and hospitals Federal Partners
	Deploy ambulances and buses to staging areas for evacuation of special needs patients	State ESF 8
	Deploy NDMS and FMS personnel to staging areas	State and Federal ESF 8
H-72 to H-60	State ESF 8 conducts additional conference calls to determine location of AMPs <ul style="list-style-type: none"> <li>Once AMP locations are determined, identify activation time and personnel are deployed to AMP locations within 4 hours <ul style="list-style-type: none"> <li>Communicated via WebEOC</li> </ul> </li> </ul>	State and federal ESF 8

H-Hour	Activity	Responsible
H-60	DRCs send reminder to hospitals regarding request for federal evacuation assistance	DRCs and hospitals
	Notification to DRC if SIP hospitals need augmentation	Hospitals
	DRCs facilitate updates (additions/deletions) to Form 1	DRCs and hospitals
	DRCs facilitate use of EMS systems to declare SIP hospitals	
H-54 to H-24	DRCs report augmentation needs to ESF 8; support movement to SIP	DRCs and hospitals
H-51	Confirmation of packing patients; hospitals begin to prepare patients for forward movement to AMP	
H-48	First hospital evacuation leaves the AMP (from hospitals to AMP to FCC hospital)	
	Confirm placement and availability of federal assets and personnel at all points	State and federal ESF 8
H-24	DRC works with GPMRC, DMAT/DOD, Ground OPS to determine final patient evacuation transports; initiates plans to shelter in place	DRCs and hospitals
	Ground OPS monitors dispatch plans for completion within timeframe to discontinue evacuation transports	AMP Incident Commander
	DRCs facilitate the completion of Form 2 and Form 3 ▪ 4 hours for completion	DRCs and hospitals
H-12	Deploy Ambulances to shelter clusters following evacuation	State ESF 8
	Planning for Post-storm needs initiated and evaluated.	State and federal ESF 8 DRCs
	AMP's are demobilized	AMP Incident Commander
H-0	Hospitals submit Listing of Patients, Staff, and Guests for potential rescue post-storm.	DRCs and hospitals
	DRC to finalize SIP and SMART location listing for ESF 8	

## PATIENT EVACUATION TIMELINE

Start H+/-	Due H+/-	Action, Decision, Deployment, Event or Notification	Coordinating entity	Support entity
P	H-120	Execute ambulance contracts for special needs evacuation	HHS (ESF8)	GSA
P	H-120	Alert State BEMS EOC personnel, Regional EMS Coordinator(s), Medical Transportation Staging / Dispatch Officer(s), and Medical Communications Officer(s)	LDHH	Center for Community Preparedness (CCP) BEMS
H-96	H-84	Alert contact state ambulances verifying number of units and crews.	LDHH	BEMS
H-84	H-84	Alert Medical Transportation Officer and Medical Communications Officer	LDHH	BEMS
H-84	H-84	Alert DHH/OPH Logistics for equipment cache to support the pre-designated credentialing/receiving sites	LDHH	OPH Center Community Preparedness (CCP)
H-84	H-78	Issue PTDO ambulance companies for movement of special needs patients.	HHS (ESF8)	LDHH
H-78	H-64	Deploy buses to staging area for special needs evacuation	HHS (ESF8)	Contractor
H-78	H-54	Deploy ambulances to staging area for special needs evacuation	HHS (ESF8)	Contractor
H-72	H-72	Deploy BEMS staff at DHH EOC	LDHH	BEMS/ CCP
H-72	H-72	DECISION POINT -GOVERNOR, Emergency Declaration	Governor	GOHSEP, FCO/ PFO
H-72	H-72	DECISION POINT- LDHH determines to what extent, if any, patient evacuation plan will be activated.	LDHH and NDMS partners	GOHSEP and FEMA
H-72	H-64	Deploy equipment cache to support credentialing/ receiving sites.	LDHH	Logistics/CCP
H-72	H-54	Confirm local 911 and Special Needs Shelter ALS transportation asset needs	HHS (ESF8)	LDHH
H-72	H-54	Confirm SARBOO medical transportation asset needs	HHS (ESF8)	LDHH
H-72	H-72	Execute plan for Hospital Evacuation	LDHH	ESF8, DoD, DOT, NDMS
H-72	H-60	Execute local 911, Special Needs Shelter, and SARBOO medical transportation asset movement	LDHH	ESF8, DoD, DOT, NDMS

<b>Start H+/-</b>	<b>Due H+/-</b>	<b>Action, Decision, Deployment, Event or Notification</b>	<b>Coordinating entity</b>	<b>Support entity</b>
H-66	H-60	<b>Confirm</b> communications link with each ambulance and medical evac transportation asset	LDHH, ESF8	LDHH, HHS, ESF2
H-66	H-60	<b>Confirm</b> that federally contracted buses and ambulances for special needs evacuation are at staging area.	HHS (ESF8)	Contractor
H-60	H-60	<b>DECISION POINT- NURSING HOMES</b> make decision to evacuate or shelter in place and execute plans	LDHH	ESF8 partners
H-60	H-60	<b>Execute</b> plan for Nursing Home Evacuation	LDHH	ESF8, DOT, NDMS
H-12	H-12	<b>Event:</b> Ambulance Staging sites demobilize and relocate to shelter from storm.	LDHH	ESF8

Source: ems con ops draft 9-26-07

EMMCTY	EMFAPN	EMEMP	EMFXPN
Gretna	5043660739	5043674231	5043615917
Gretna	5043631720	5043664374	5043631725
Westwego	5043412525	5043408661	5043479083
Jonesboro	3182592891	3183954128	3183954263
Lake Providence	3185594023	3185593000	3185593761
Oak Grove	3184288979	3184284712	3184287777
Shreveport	3186814610	8007629562	3186816403
Krotz Springs	3375663900	3375663311	3375663933
Winnsboro	3184358351	3184357000	3184350406
Greenwood	3189385290	3189381888	3189387625
Shreveport	3182225358	8002645358	3182212340
Shreveport	3186816074	3186814208	3186816403
Ruston	3182513443	8004357663	3182513275
Shreveport	3189340380	3184254096	3184242627
Shreveport	3182225358	3182225358	3182212310
Ruston	3182513443	3184352273	3182513275
Shreveport	3186324706	3186324705	3186324707
Vidalia	3183366262	3183366521	3183366264
Minden	3183820381	3183820380	3183820383
Jena	3189929200	3189928702	3189929245
Olla	3184953131	3184953136	3184953229
Kinder	3377382674	3377385858	3377383027
Angola	2256552545	2256554119	2256552445
Sulphur	3375274358	3375279999	3375274288
Slidell	9856618600	9856618600	9856618555
St Francisville	2257840145	2256353811	2256353811
Benton	3189659302	3189655428	3189653110
Marrero	5043475511	8003824006	5043496299
Jefferson	5048423198	8006247637	5048321048
Shreveport	3186736720	3186752144	3186736727
Monroe	3183228773	3183254366	3183239965
Bossier City	3187418700	3187418711	3187418739
Cameron	3375425267	3375424111	3375424692
Hackberry	3377623711	3377644935	3377623891
Grand Isle	9857872777	9857872204	9857873942
Luling	9857853673	9858430119	9857853739



afourche Ambulance District Number One	Cut Off	9856327192	9856327191	9856327198
East Baton Rouge Parish Dept of Emergency Medical Services	Baton Rouge	2253895155	2253895155	2253895235
New Orleans Emergency Medical Services	New Orleans	5046582640	5046713968	5046581570
ulane (University) Emergency Medical Services	New Orleans	5048655868	5048655200	5048655083
Jaquimes Parish Emergency Medical Services	Belle Chasse	5043942761	5042975600	5043945271
Vest Jefferson Ambulance Service	Marrero	5043475511	5043408661	5043491561
adian Ambulance Service of New Orleans LLC	Gretna	5043660500	8002591111	5043660508
Jesoto Parishes Emergency Medical Services	Mansfield	3188720221	3188720221	3189258001
st Tammany Parish Fire Protection District Number Three	Lacombe	9858823902	9858825100	9858823394
st Tammany Parish Fire Protection District Number Four	Mandeville	9856268671	9856452709	9856268082
ammed Ambulance Service Inc.	Gretna	5043620262	5043629490	5043629431
Med Express Ambulance Service	Alexandria	8002569777	8002599771	3184732078
Natchitoches Parish Hospital Ambulance Service	Natchitoches	3182144365	3182144364	3182144424
Med Life Emergency Medical Services, Inc.	Bastrop	3182815433	3182815431	3182815431
Acadian Air Med Services	Lafayette	3372673333	3372671111	3372914489
Acadian Ambulance Service	Lafayette	3372673333	3372671111	3372911591
East Jefferson Mobile Emergency Medical Services	Metairie	5048897152	5044544444	5048897159
Ruston Fire Department - Lincoln Parish Ambulance Service	Ruston	3182554762	3182518628	3182548222
North Caddo Medical Center Ambulance Service	Vivian	3183753235	3183753200	3183752609
Miss-Lou Ambulance Service LLC	Ferriday	3187577522	8772074007	3187577533
Caddo Parish Fire District Number One	Shreveport	3189293575	3189293575	3189292345
Guardian Emergency Medical Services LLC	Melville	5048181188	5048182600	5047332341
North Shore Emergency Medical Services	Bogalusa	9857359507	9857359577	9857350955
St Landry Emergency Medical Services	Opelousas	3379488474	8663677790	8663677791
City of Gonzales Fire Rescue	Gonzales	2256445307	2256445307	2256442035
Caddo Parish Fire District Number Four	Kiethville	3189252200	3186752137	3189258790
Metro Ambulance Service (Rural) dba American Medical Respons	Natchez	6014424259	8009483747	6014424731
Caddo Parish Fire District Number Six	Keithville	3189258791	3189258791	3189258799
St Tammany Parish Fire District 11	Pearl River	9858633132	9858633133	9858633134

# EMS Provider

MFACL	EMMCTY	EMADFN	EMADLN	EMEMAD
are Ambulance Service	Gretna	Frank	Graff III	fgaff02@sprintpcs.com
Gretna Police Department - Emergency Medical Services	Gretna	Keith	Bouvier	kbouvier@gretnapolice.com
Vestwego Emergency Medical Services	Westwego	Dave	Gorbach	ems@cityofwestwego.com
Jackson Parish Ambulance Service District	Jonesboro	Tracy	Wold	emsdirectorjpasd@yahoo.com
East Carroll Parish Hospital Ambulance Service	Lake Providence	La Donna	Englerth	
Vest Carroll Parish Ambulance Service District	Oak Grove	Dennis	Seamons	wcems@bellsouth.net
Life Air Rescue	Shreveport	Pamela	Anderson	www.Lifeairrescue.com
St Landry Fire District Number One	Krotz Springs	Mike	David	sifdn1@eatel.net
Northeast Louisiana Ambulance Service	Winnboro	Gary	Peters	nela@3g.quik.com
Madbo Parish Fire Protection District Number Three	Greenwood	Jim	Banks	dndon1@aol.com
Valentine Ambulance Service	Shreveport	Carl	McBeth	
Christus Schumpert Critical Care Ground Transport	Shreveport	Pam	Anderson	pam.anderson@christushealth.org
Pafford Emergency Medical Services of Louisiana - Air	Ruston	Greg	Pafford	paffordems@aol.com
Promise Specialty Hospital - Transport Department	Shreveport	Marty	Milner	jhaynes1@promisehealthcare.net
Medical Transportation Services	Shreveport	Ralph	Balentine	
Pafford Emergency Medical Services Inc.	Ruston	Raymond	Carson	rcarson@paffordems.com
Willis Knighton Ground Transport	Shreveport	Susan	Cash	
Vidalia Fire & Rescue	Vidalia	Jack	Langston	vidaliafd@telepak.net
Advanced Emergency Medical Services Inc	Minden	Gary	Jones	advancedems@aol.com
LaSalle Parish Ambulance Service District dba LaSalle	Jena	Mary	Moffet	lanaf@centurytel.net
LaSalle Parish Ambulance Service District dba Hardne	Olla	Paul	Mathews	hardthemed@centurytel.net
Allen Parish Ambulance Service District	Kinder	Mark	Lyons	apas@centurytel.net
Louisiana State Penitentiary - EMS	Angola	Eddie	Veade	eveade@oyd.corrections.state.la.us
West Calcasieu Cameron Hospital Ambulance Service	Sulphur	Robert	Daughdril	rdaughdril@wcch.com
Lifeguard Ambulance Service	Slidell	Jimmy	Lang	jlang@lgt.net
West Feliciana Parish Hospital Emergency Medical Se	St Francisville	Steve	Singleton	wfph@bsf.net
Bossier Parish Emergency Medical Services	Benton	Duxie	Scott	bpems505@bellsouth.net
West Jefferson Medical Center "Air Care"	Marrero	A Gary	Muller	
Ochsner Flight Care	Jefferson	Jennifer	Cowsar	jcowsar@ochsner.org
Shreveport Fire Department - Emergency Medical Serv	Shreveport	Steve	Nezat	SNEZAT@CI.SHREVEPORT.LA.US
Metro Ambulance Service Rural Inc dba American Med	Monroe	Jack	Avery	jack_avery@amr-ems.com
Bossier City Fire Department	Bossier City	Sammy	Halphen	halphens@bossiercity.org
Cameron Parish Emergency Medical Services	Cameron	Byron	Broussard	
Cameron Parish Ambulance Service District Number T	Hackberry	Steve	Kershaw	cpad2@camtel.net
Grand Isle Volunteer Emergency Services	Grand Isle	Aubrey	Chaisson	gi.fireems@yahoo.com
St Charles Parish Hospital - Emergency Medical Servid	Luling	Ken	Rousseau	krousseau@stch.net

Lafourche Ambulance District Number One	Cut Off	Deborah	Gautreaux	lad1@cajunnet.com
East Baton Rouge Parish Dept of Emergency Medical Services	Baton Rouge	Pam	Porter	
New Orleans Emergency Medical Services	New Orleans	Juliette	Saussy	jsaussy@cityofno.com
Tulane (University) Emergency Medical Services	New Orleans	Ronald	Peterson	tems@tulane.edu
Plaquemines Parish Emergency Medical Services	Belle Chasse	Gina	Meyer	Gina_Meyer@plaqueminesparish.com
Nest Jefferson Ambulance Service	Marrero	Steve	Brown	
Acadian Ambulance Service of New Orleans LLC	Gretna	Steve	Kuiper	skuiper@acadian.com
Jesoto Parishes Emergency Medical Services	Mansfield	Joe	McGee	desotoems@bellsouth.net
St Tammany Parish Fire Protection District Number Th	Lacombe	Charles	Flynn	sffd3@charter.net
St Tammany Parish Fire Protection District Number Fo	Mandeville	Frank	Jordan	fjordan@bellsouth.net
Armed Ambulance Service Inc.	Gretna	Sharlene	Macera	AMED_AMBULANCE@bellsouth.net
Med Express Ambulance Service	Alexandria	Asbel	Montes	amontes@medexpress.net
Natchitoches Parish Hospital Ambulance Service	Natchitoches	Larry	Atteridge	larry_anph@cp-tel.net
Med Life Emergency Medical Services, Inc.	Bastrop	Ted	Parker	medlifeems@bellsouth.net
Acadian Air Med Services	Lafayette	Enrol	Babineaux	ebabineaux@acadian.com
Acadian Ambulance Service	Lafayette	David	Pierce	dpierce@acadian.com
East Jefferson Mobile Emergency Medical Services	Metairie	Mike	Guillot	mguillot@ejhospital.com
Ruston Fire Department - Lincoln Parish Ambulance S	Ruston	James	Tornabene	twoods@ruston.org
North Caddo Medical Center Ambulance Service	Vivian	Jerry	Lee	ambulance.service@northcaddo.com
Miss-Lou Ambulance Service LLC	Ferriday	Bob	Purvis	bob-metro@cableone.net
Caddo Parish Fire District Number One	Shreveport	Dan	Cotten	dcottcf1@cmaccess.com
Guardian Emergency Medical Services LLC	Melville	Asbel	Montes	aashley@guardianems.net
North Shore Emergency Medical Services	Bogalusa	Daniel	Williams	dwilliams_emt@bellsouth.net
St Landry Emergency Medical Services	Opelousas	Michael	Savant	msavant120@yahoo.com
City of Gonzales Fire Rescue	Gonzales	Butch	Browning	chief@gonzalesfd.com
Caddo Parish Fire District Number Four	Kiethville	Bryant	Williams	caddof4@aol.com
Metro Ambulance Service (Rural) dba American Medic	Natchez	Tim	Houghton	Tim.Houghton@amr.net
Caddo Parish Fire District Number Six	Keithville	Damon	Johnson	firedistrict6@msn.com
St Tammany Parish Fire District 11	Pearl River	Robert	Crowe	rcrowefirechief@bellsouth.net

# Hospitals

Region 1		
Orleans		
Touro Infirmary 1401 Foucher St, New Orleans LA 70115	Community Care Hospital 1421 General Taylor St, New Orleans LA 70115	
Tulane University Hospital and Clinic 1415 Tulane Ave, New Orleans LA 70112	Kindred Hospital - New Orleans 3601 Coliseum St, New Orleans LA 70115	Touro Infirmary 1401 Foucher St, New Orleans LA 70115
St. John's Rehabilitation Hospital 405 Folse St, New Orleans LA 70123	Children's Hospital 200 Henry Clay Ave, New Orleans LA 70118	New Orleans Adolescent Hospital 210 State St, New Orleans LA 70118
Ochsner Elmwood Medical Center	Psychiatric Pavilion New Orleans	Tulane - Lakeside Hospital

1221 S Clearview Pkwy, New Orleans LA 70121	14500 Hayne Blvd, New Orleans LA 70128	4700 S I 10 Service Rd W, Metairie LA 70001
<b>Jefferson</b>		
East Jefferson General Hospital 4200 Houma Blvd, Metairie LA 70006	Ochsner Medical Center 1514 Jefferson Hwy, New Orleans LA 70121	West Jefferson Medical Center 1101 Medical Center Blvd, Marrero LA 70072
Ochsner Westbank 2500 Belle Chasse Hwy, Gretna LA 70056	Ochsner Kenner 180 W Esplanade Ave, Kenner LA 70065	Select Specialty Hospital-Jefferson Parish 4200 Houma Blvd, Metairie LA 70006
Healthwest Rehabilitation Hospital 3201 B Wall Boulevard, Gretna LA 70056	River Oaks Hospital 1525 River Oaks Rd W, New Orleans LA 70123	River Oaks Child & Adolescent Hospital 1525 River Oaks Rd W, New Orleans LA 70123-2162
Omega Hospital 2525 Severn Ave, Metairie LA 70002	Behavioral Hospital of Kenner 180 W Esplanade Ave Fl 5, Kenner LA 70065	Louisiana Specialty Hospital 1111 Medical Center Blvd Ste S- 550, Marrero LA 70072

<b>Region 2</b>		
<b>Ascension</b>		
St. Elizabeth Hospital 1125 W Highway 30, Gonzales LA 70737	Prevost Memorial Hospital 301 Memorial Dr, Donaldsonville LA 70346	Ascension Hospital 615 E Worthy St, Gonzales LA 70737
<b>East Baton Rouge</b>		
Lane Regional Medical Center 6300 Main St, Zachary LA 70791	Our Lady of the Lake Regional Medical Center 5000 Hennessy Blvd, Baton Rouge LA 70808	Baton Rouge General Medical Center (Mid-City) 3600 Florida Blvd, Baton Rouge LA 70806
Earl K. Long Medical Center 5825 Airline Hwy, Baton Rouge LA 70805	Woman's Hospital 9050 Airline Hwy, Baton Rouge LA 70815	Vista Surgical Hospital of Baton Rouge 9032 Perkins Rd, Baton Rouge LA 70810
Surgical Specialty Centre 8080 Bluebonnet Blvd, Baton Rouge LA 70810	The Neuro Medical Center Hospital 10105 Park Rowe Cir, Baton Rouge LA 70810	Greater Baton Rouge Surgical Hospital 7855 Howell Blvd, Baton Rouge LA 70807
Select Specialty Hospital of Baton Rouge 5000 Hennessy Blvd., 3rd Floor South Baton Rouge LA 70808	Vital Source Specialty Hospital 8225 Summa Ave Ste A, Baton Rouge LA 70809	Promise Specialty Hospital of Baton Rouge 17000 Medical Center Blvd, 3rd Fl Baton Rouge LA 70816
HEALTHSOUTH Rehabilitation Hospital of Baton Rouge 8595 United Plaza Blvd, Baton Rouge LA 70809	Benton Rehabilitation Hospital 4660 Convention St, Baton Rouge LA 70806	Sage Rehabilitation Institute 8000 Summa Ave, Baton Rouge LA 70809
South Baton Rouge Rehab Hospital 170 W Washington St, Baton Rouge LA 70802	Bethesda Rehabilitation Hospital 7414 Sumrall Dr, Baton Rouge LA 70812	Behavioral Hospital of Baton Rouge 4040 North Blvd, Baton Rouge LA 70806

Cypress Psychiatric Hospital 4363 Convention St Ste 1, Baton Rouge LA 70806	Baton Rouge General Medical Center (Bluebonnet) 8585 Picardy Ave, Baton Rouge LA 70809	Oceans Behavioral Hospital of Baton Rouge 7414 Sumrall Dr, Baton Rouge LA 70812
Ochsner Medical Center-Baton Rouge 17000 Medical Center Dr, Baton Rouge LA 70816-3246	Promise Specialty Hospital of Baton Rouge 3600 Florida Blvd Fl 4, Baton Rouge LA 70806	
<b>Pointe Coupee</b>		
Pointe Coupee General Hospital, 2202 False River Dr, New Roads LA 70760		
<b>Iberville</b>		
River West Medical Center 1725 River West Drive, Plaquemine LA 70764		
<b>East Feliciana</b>		
Villa Feliciana Medical Complex 5002 Highway 10, Jackson LA 70748	Gulf States LTAC of Feliciana 9725 Grace Ln, Clinton LA 70722	
<b>West Feliciana</b>		
West Feliciana Parish Hospital 5266 Commerce St, Saint Francisville LA 70775		
<b>Region 3</b>		
<b>Assumption</b>		
Assumption Community Hospital 135 Highway 402, Napoleonville LA 70390		
<b>Lafourche</b>		
Thibodaux Regional Medical Center 602 N Acadia Rd, Thibodaux LA 70301	St. Anne Rehabilitation Hospital 141 Twin Oaks Dr, Raceland LA 70394	Lady of the Sea General Hospital 200 W 134th Pl, Cut Off LA 70345
Ochsner-St. Anne General Hospital 4608 Highway 1, Raceland LA 70394		
<b>St. Charles</b>		
Luling Rehabilitation Hospital 1125 Paul Maillard Rd, Luling LA 70070	St. Charles Parish Hospital 1057 Paul Maillard Rd, Luling LA 70070	
<b>St. James</b>		
St. James Parish Hospital 2471 Louisiana Ave, Lutcher LA 70071	St. James Behavioral Health Hospital 2471 Louisiana Avenue, Lutcher LA 70071	
<b>St. John the Baptist</b>		
River Parishes Hospital 500 Rue de Sante, La Place LA 70068	LaPlace Rehabilitation Hospital 508 W 5th St, La Place LA 70068	
<b>St. Mary</b>		
Teche Regional Medical Center	Franklin Foundation Hospital	Gulf States LTAC of Morgan City

1125 Marguerite St, Morgan City LA 70380	1501 Hospital Ave, Franklin LA 70538	1125 Marguerite St Fl 7, Morgan City LA 70380-1855
<b>Terrebonne</b>		
Terrebonne General Medical Center 8166 Main St, Houma LA 70360	Leonard J. Chabert Medical Center 1978 Industrial Blvd, Houma LA 70363	Physicians Surgical Specialty Hospital 218 Corporate Dr, Houma LA 70360
<b>Region 4</b>		
<b>Acadia</b>		
American Legion Hospital 1305 Crowley Rayne Hwy, Crowley LA 70526	Acadia Rehabilitation Hospital 1305 Crowley Rayne Hwy, Crowley LA 70526	Crowley Rehabilitation Hospital LLC 713 N Avenue L, Crowley LA 70526
Rehabilitation Hospital of Jennings 1 Hospital Drive Ste 101, Jennings LA 70546	Compass Behavioral Center of Crowley 1526 N Avenue Crowley LA 70526	Acadia-St. Landry Hospital 810 S Broadway St, Church Point LA 70525
<b>Evangeline</b>		
Evangeline Extended Care Hospital-Mamou 801 Poinciana Ave, Mamou LA 70554	Savoy Medical Center 801 Poinciana Ave, Mamou LA 70554	Ville Platte Medical Center 800 E Main St, Ville Platte LA 70586
<b>Iberia</b>		
Dauterive Hospital 600 N Lewis St, New Iberia LA 70563	Iberia Rehabilitation Hospital 532 Jefferson Ter, New Iberia LA 70560	Iberia Medical Center 2315 E Main St, New Iberia LA 70560
Iberia Extended Care Hospital 2315 E Main St Fl 3, New Iberia LA 70560		
<b>Lafayette</b>		
Vermilion Hospital 2520 N University Ave, Lafayette LA 70507	Lafayette General Medical Center 1214 Coolidge Blvd, Lafayette LA 70503	Lafayette General Surgical Hospital 1000 W Pinhook Rd, Lafayette LA 70503
Lafayette Physical Rehab Hospital 303 Polly Ln, Lafayette LA 70508	Lafayette Surgical Specialty Hospital 1101 Kaliste Saloom Rd, Lafayette LA 70508	University Medical Center 2390 W Congress St, Lafayette LA 70506
University Medical Center - Psychiatric Unit 302 Dulles Dr, Lafayette LA 70506	Our Lady of Lourdes Regional Medical Center 611 Saint Landry St, Lafayette LA 70506	Women's & Children's Hospital 4600 Ambassador Caffery Pkwy, Lafayette LA 70508
Southwest Medical Center 2810 Ambassador Caffery Pkwy, Lafayette LA 70506	Park Place Surgical Hospital 901 Wilson St, Lafayette LA 70503	Heart Hospital of Lafayette 1105 Kaliste Saloom Rd, Lafayette LA 70508
Southpark Community Hospital 314 Youngsville Hwy Lafayette LA 70508	Community Specialty Hospital 408 SE Evangeline Trwy, Lafayette LA 70501	Louisiana Extended Care Hospital of Lafayette 1214 Coolidge Avenue, 8th Floor, Lafayette LA 70503
MeadowBrook Specialty Hospital of Lafayette 204 Energy Pkwy, Lafayette LA 70508	St. Landry Extended Care Hospital, LLC 539 E Prudhomme St, Opelousas LA 70570	St. Luke's Specialty Hospital of Sunset 2500 E Simcoe St, Lafayette LA 70501

Oceans Behavioral Hospital of Lafayette 811 Martin Luther King Jr Dr, Lafayette LA 70501	Optima Specialty Hospital 1131 Rue de Belier, Lafayette LA 70506	
<b>St. Landry</b>		
Opelousas General Health System 539 E Prudhomme St, Opelousas LA 70570	Acadian Medical Center 3501 Highway 190, Eunice LA 70535	Doctors' Hospital of Opelousas 3983 I 49 S Service Rd, Opelousas LA 70570
LTAC of Acadiana 310 Youngsville Hwy, Lafayette LA 70508		
<b>St. Martin</b>		
St. Martin Hospital 210 Champagne Blvd, Breaux Bridge LA 70517		
<b>Vermillion</b>		
Abbeville General Hospital 118 N Hospital Dr, Abbeville LA 70510	Abrom Kaplan Memorial Hospital 1310 W 7th St, Kaplan LA 70548	
<b>Region 5</b>		
<b>Allen</b>		
Allen Parish Hospital 108 N 6th St Kinder LA 70648	Oakdale Community Hospital 130 Hospital Dr, Oakdale LA 71463	
<b>Beauregard</b>		
Beauregard Memorial Hospital 600 S Pine St, Deridder LA 70634-4942	Tri Parish Rehabilitation Hospital, LLC 8088 Hawks Rd Leesville LA 71446	Oceans Behavioral Hospital of DeRidder 1420 Blankenship Dr, Deridder LA 70634
<b>Calcasieu</b>		
West Calcasieu-Cameron Hospital 701 Cypress St, Sulphur LA 70663	CHRISTUS St. Patrick Hospital of Lake Charles 524 S Ryan St, Lake Charles LA 70601	Lake Charles Memorial Hospital 1701 Oak Park Blvd, Lake Charles LA 70601
Walter Olin Moss Regional Medical Center 1000 Walters St, Lake Charles LA 70607	Women & Children's Hospital 4200 Nelson Rd, Lake Charles LA 70605	DeQuincy Memorial Hospital 110 W 4th St, Dequincy LA 70633
Cornerstone Hospital of Southwest Louisiana 703 Cypress St, Sulphur LA 70663	Extended Care of Southwest Louisiana 2837 Ernest St Bldg B, Lake Charles LA 70601	Dubuis Hospital of Lake Charles 524 S Ryan St Fl 5, Lake Charles LA 70601
Calcasieu Oaks Geriatric Psychiatric Hospital 2837 Ernest St, Lake Charles LA 70601	Rehabilitation Hospital of DeQuincy 110 W 4th St, Dequincy LA 70633	Lake Charles Memorial Hosp-Gauthier Campus 1900 W Gauthier Rd, Lake Charles LA 70605
Lake Charles Memorial Hosp-Gauthier Campus 1900 W Gauthier Rd, Lake Charles LA 70605		



<b>Jefferson Davis</b>		
Jennings American Legion Hospital 1634 Elton Rd, Jennings LA 70546	WestEnd Hospital 1530 Highway 90 W, Jennings LA 70546	Jennings Senior Care Hospital 1 Hospital Dr Suite 201, Jennings LA 70546

## Region 6

<b>Avoyelles</b>		
Avoyelles Hospital 4231 Highway 1192, Marksville LA 71351	Bunkie General Hospital 427 Evergreen St # 29, Bunkie LA 71322	

<b>Catahoula</b>		
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<b>Concordia</b>		
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Riverland Medical Center 1700 E. E. Wallace Boulevard, Ferriday LA 71334	Promise Specialty Hospital of Miss-Lou 6818-A Highway 84, Ferriday LA 71334	
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<b>Grant</b>		
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<b>La Salle</b>		
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LaSalle General Hospital 187 Ninth St, Jena LA 71342	Hardtner Medical Center 1102 N Pine Rd, Olla LA 71465	
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<b>Rapides</b>		
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Uey P. Long Medical Center 352 Hospital Boulevard, Pineville LA 71360	CHRISTUS St. Frances Cabrini Hospital 3330 Masonic Dr, Alexandria LA 71301	Rapides Regional Medical Center 211 4th St, Alexandria LA 71301
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Dubuis Hospital of Alexandria 3330 Masonic Dr Fl 4, Alexandria LA 71301	HEALTHSOUTH Riverside Hospital of Alexandria 211 4th St Fl 5, Alexandria LA 71301	HEALTHSOUTH Rehabilitation Hospital of Alexandria 104 N 3rd St, Alexandria LA 71301
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Crossroads Regional Hospital 110 John Eskew Drive, Alexandria LA 71303	Central Louisiana State Hospital 242 W Shamrock Ave, Pineville LA 71360	Department of Veterans Affairs Medical Center 2495 Shreveport Hwy 71 N, Alexandria LA 71306
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<b>Vernon</b>		
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Byrd Regional Hospital 1020 W Fertitta Blvd, Leesville LA 71446	Leesville Rehabilitation Hospital LLC 900 S 6th St, Leesville LA 71446	
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<b>Winn</b>		
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Winn Parish Medical Center 301 W Boundary Ave, Winnfield LA 71483	Woodlands Behavioral Center 1400 W Court St, Winnfield LA 71483-2650	HEALTHSOUTH Specialty Hospital of Winnfield 915 1st St, Winnfield LA 71483
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## Region 7

<b>Bienville</b>		
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Bienville Medical Center 1175 Pine St Ste 200, Arcadia LA 71001		
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<b>Bossier</b>		
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Bossier Specialty Hospital 2105 Airline Dr, Bossier City LA 71111	Cornerstone Hospital of Bossier City 4900 Medical Dr, Bossier City LA 71112	Red River Behavioral Center LLC 2800 Melrose Ave, Bossier City LA 71111
Willis-Knighton Bossier Health Center 2400 Hospital Dr, Bossier City LA 71111	CHRISTUS Schumpert Bossier 2105 Airline Dr, Bossier City LA 71111	
<b>Caddo</b>		
LSU Health Sciences Ctr Shreveport, 1501 Kings Hwy, Shreveport LA 71103	Willis-Knighton Medical Center 2600 Greenwood Rd, Shreveport LA 71103	Doctors' Hospital of Shreveport 1130 Louisiana Ave, Shreveport LA 71101
North Caddo Medical Center 1000 S Spruce St, Vivian LA 71082	Promise Specialty Hospital of Shreveport 1800 Irving Pl, Shreveport LA 71101	LifeCare Hospitals of Shreveport 9320 Linwood Ave, Shreveport LA 71106
Dubuis Hospital of Shreveport 1 Saint Mary Pl Fl 6, Shreveport LA 71101	St. Luke's Rehabilitation Hospital of Shreveport 2140 Midway St, Shreveport LA 71108	Brentwood Hospital 1006 Highland Ave, Shreveport LA 71101
Behavioral Hospital of Shreveport 2025 Desoto St, Shreveport LA 71103	Shriners Hospitals for Children- Shreveport 3100 Samford Ave, Shreveport LA 71103	CHRISTUS Schumpert Highland 1453 E Bert Kouns Industrial Loop, Shreveport LA 71105
CHRISTUS Schumpert St. Mary Place 1 Saint Mary Pl, Shreveport LA 71101-4343	Willis-Knighton South & Center for Women's Health 2510 Bert Kouns Industrial Loop, Shreveport LA 71118	WK Pierremont Health Center 8001 Youree Dr, Shreveport LA 71115
Overton Brooks VA Medical Center 510 E Stoner Ave, Shreveport LA 71101		
<b>Claiborne</b>		
Homer Memorial Hospital 620 E College St, Homer LA 71040		
<b>DeSoto</b>		
DeSoto Regional Health System 207 Jefferson St, Mansfield LA 71052		
<b>Natchitoches</b>		
Natchitoches Regional Medical Center 501 Keyser Ave, Natchitoches LA 71457	Louisiana Extended Care Hospital of Natchitoches 501 Keyser Ave Fl 2, Natchitoches LA 71457	
<b>Red River</b>		
CHRISTUS Coughatta Health Care Center 1635 Marvel St, Coughatta LA 71019	Community Rehab Hospital of Coughatta 1110 Ringgold Ave Ste B, Coughatta LA 71019	
<b>Sabine</b>		
Sabine Medical Center 240 Highland Dr, Many LA 71449		
<b>Webster</b>		

Springhill Medical Center 2001 Doctors Dr, Springhill LA 71075	Minden Medical Center 1 Medical Plaza Pl, Minden LA 71055	Community Specialty Hospital of North Louisiana 108 Meadowbrook Dr, Minden LA 71055
<b>Region 8</b>		
<b>Caldwell</b>		
Citizens Medical Center 7939 Highway 165, Columbia LA 71418	Caldwell Memorial Hospital 411 Main Street, Columbia LA 71418	
<b>East Carroll</b>		
East Carroll Parish Hospital 336 N Hood St, Lake Providence LA 71254		
<b>Franklin</b>		
Franklin Medical Center 2106 Loop Rd, Winnsboro LA 71295		
<b>Jackson</b>		
Jackson Parish Hospital 165 Beech Springs Rd, Jonesboro LA 71251	Eastern Louisiana Mental Health System (East Div & Forensic Div) 4502 Highway 951, Jackson LA 70748	
<b>Lincoln</b>		
Lincoln General Hospital 401 E Vaughn Ave, Ruston LA 71270	Green Clinic Surgical Hospital 1118 S Farmerville St, Ruston LA 71270	Health Paradigm Hospital 146 Shamon Rd, Ruston LA 71270
HEALTHSOUTH Specialty Hospital of North Louisiana 1401 Ezelle St, Ruston LA 71270		
<b>Madison</b>		
Madison Parish Hospital 900 Johnson St, Tallulah LA 71282		
<b>Morehouse</b>		
Morehouse General Hospital 323 W Walnut Ave, Bastrop LA 71220	Bastrop Rehabilitation Hospital 323 W Walnut Ave, Bastrop LA 71220	Lillian Louise Behavioral Health Hospital 4673 Eugene Ware Blvd, Bastrop LA 71220
<b>Ouachita</b>		
E. A. Conway Medical Center 4864 Jackson St, Monroe LA 71202	Glenwood Regional Medical Center 503 McMillan Rd, West Monroe LA 71291	St. Francis Medical Center 309 Jackson St, Monroe LA 71201
St. Francis North Hospital Inc. 3421 Medical Park Dr, Monroe LA 71203	P & S Surgical Hospital 312 Grammont St Ste 101, Monroe LA 71201	Monroe Surgical Hospital 2408 Broadmoor Blvd, Monroe LA 71201
Ouachita Surgical Hospital 1275 Glenwood Dr, West Monroe LA 71291	St. Francis Specialty Hospital 309 Jackson St, Monroe LA 71201	Cornerstone Hospital of West Monroe 6198 Cypress St, West Monroe LA 71291
Louisiana Extended Care Hospital	Sterlington Rehabilitation Hospital	Premier Rehabilitation Hospital

of West Monroe 503 McMillan Rd Fl 3, West Monroe LA 71291	111 Highway 2, Sterlington LA 71280	4310 S Grand St, Monroe LA 71202
St. Patrick's Psychiatric Hospital 309 Jackson St, Monroe LA 71201	Golden Age Senior Care Hospital 4310 S Grand St, Monroe LA 71202	
<b>Richland</b>		
Richland Parish Hospital - Delhi 407 Cincinnati St, Delhi LA 71232	Richardson Medical Center 254 Highway 3048 at Christian Drive, Rayville LA 71269	Richland Parish Rehabilitation Hospital 307 Hayes St, Rayville LA 71269
<b>Tensas</b>		
<b>Union</b>		
Union General Hospital 901 James Ave, Farmerville LA 71241	Tri-Ward General Hospital 409 1 <sup>st</sup> , St Bernice LA 71222	Edgewood Hospital 160 McVicker St, Marion LA 71260
Lillian Louise Behavioral Health Hospital 309 N Main St, Farmerville LA 71241		
<b>West Carroll</b>		
West Carroll Memorial Hospital 706 Ross St Oak, Grove LA 71263		
<b>Region 9</b>		
<b>Livingston</b>		
Gulf States LTAC of Denham Springs 8375 Florida Blvd, Denham Springs LA 70726		
<b>St. Helena</b>		
St. Helena Parish Hospital 16874 Highway 43, Greensburg LA 70441		
<b>St. Tammany</b>		
St. Tammany Parish Hospital 1202 S Tyler St, Covington LA 70433	Slidell Memorial Hospital 1001 Gause Blvd, Slidell LA 70458	Lakeview Regional Medical Center 95 E Fairway Dr, Covington LA 70433
Louisiana Heart Hospital 64030 La Highway 434, Lacombe LA 70445	NorthShore Regional Medical Center 100 Medical Center Dr, Slidell LA 70461	Doctors Hospital of Slidell 989 Robert Blvd, Slidell LA 70458
Fairway Medical Center 67252 Industry Ln, Covington LA 70433	Southern Surgical Hospital 1700 Lindberg Dr, Slidell LA 70458	Gulf States LTAC of Washington/St. Tammany (Slidell Campus) 1400 Lindberg Dr, Slidell LA 70458
Gulf States LTAC of Covington 20050 Crestwood Dr, Covington LA 70433	Greenbrier Hospital 201 Greenbriar Blvd, Covington LA 70433	Southeast Louisiana Hospital 23515 Highway 190, Mandeville LA 70448
Regency Hospital of Covington		

195 Highland Park Entrance, Covington LA 70433		
<b>Louisiana</b>		
Lallie Kemp Regional Medical Center 52579 Highway 51 S, Independence LA 70443	Hood Memorial Hospital 301 Walnut St, Amite LA 70422	North Oaks Medical Center 15790 Paul Vega MD Dr, Hammond LA 70403
North Oaks Rehabilitation Hospital 1900 S Morrison Blvd, Hammond LA 70403	United Medical Rehabilitation Hospital 15717 Belle Dr, Hammond LA 70403	Gulf States LTAC of Hammond 15719 Belle Dr, Hammond LA 70403
Southeast Regional Medical Center 719 Avenue G, Kentwood LA 70444		
<b>Washington</b>		
Riverside Medical Center 1900 Main St, Franklinton LA 70438	Magnolia Behavioral Healthcare 1640 S Columbia St Ste B, Bogalusa LA 70427	LSUHSC Bogalusa Medical Center (Inpatient Campus) 433 Plaza St Bogalusa LA 70427
LSUHSC Bogalusa Medical Center (Outpatient Campus) 400 Memphis St, Bogalusa LA 70427		

# Nursing Homes

Orleans		
<b>Bethany Home</b> 2535 Esplanade Avenue New Orleans, LA 70119 Phone: (504)949-1738 Fax: 504-947-8768	<b>Carrollton Healthcare Center</b> 3316 Pine Street New Orleans, LA 70125 Phone: (504)486-1235 Fax: 504-486-1207	<b>Chateau De Notre Dame</b> 2832 Burdette Street New Orleans, LA 70125 Phone: 504-866-2741 Fax: 504-866-6744
<b>Covenant Home</b> 5919 Magazine Street New Orleans, LA 70115 Phone: (504)897-6216 Fax: 504-897-6226	<b>Crescent City Health Care Center</b> 1420 General Taylor Street New Orleans, LA 70115 Phone: (504)895-7755 Fax: 504-891-1551	<b>East Haven Care &amp; Rehab. Center</b> 9660 Lake Forest Blvd. New Orleans, LA 70127 Phone: (504)244-9013 Fax: (504)241-5330
<b>Ferncrest Manor Living Center</b> 14500 Haynes Blvd. New Orleans, LA 70128 Phone: (504)246-1426 Fax: (504)246-1591	<b>Good Samaritan Rehab &amp; Nursing Center</b> 6400 Hayne Blvd. New Orleans, LA 70126 Phone: (504)246-7900	<b>Jo Ellen Smith Convalescent Ctr.</b> 4502 General Meyers Avenue New Orleans, LA 70131 Phone: (504)361-7923

	Fax: 504-246-6570	Fax: 504-368-4807
Lafon Home, U.M.C. 4021 Cadillac Street New Orleans, LA 70122 Phone: (504)288-2314 Fax: 504-288-9158	Lafon Nursing Facility of the Holy Family 6900 Chef Menteur Hwy. New Orleans, LA 70126 Phone: (504)246-1100 Fax: 504-241-6672	Maison Hospitaliere 1220 Dauphine Street New Orleans, LA 70116 Phone: (504)524-4309 Fax: 504-581-1474
Maison Orleans II Nursing Home, Inc. 13500 Chef Menteur Hwy. New Orleans, LA 70129 Phone: (504)254-9431 Fax: 504-254-9463	Mary Joseph Residence for the Elderly 4201 Woodland Drive New Orleans, LA 70131 Phone: (504)394-2200 Fax: 504-391-3347	Our Lady of Wisdom Health Care Center 5600 General Degaulle Drive New Orleans, LA 70131 Phone: (504)394-5991 Fax: (504)304-5421
Poydras Home 5354 Magazine Street New Orleans, LA 70115 Phone: (504)897-0535 Fax: 504-897-9494	Renaissance Retirement Community, LLC 13001 Chef Menteur Highway New Orleans, LA 70129 Phone: (504)254-7150 Fax: 504-254-0993	St Anna's Residence 1823 Prytania St. New Orleans, LA 70130 Phone: 504-523-3466 Fax: 504-528-9774
St Charles Health Center 1539 Delachaise St. New Orleans, LA 70115 Phone: (504)895-3953 Fax: 504-895-3956	St Margaret's Daughters Nursing Home 6220 Chartres Street New Orleans, LA 70117 Phone: (504)279-6414 Fax: (504)277-1834	Touro Infirmary SNF 1401 Foucher Street New Orleans, LA 70115 Phone: 504-897-7011 Fax: 504-897-7843
Touro Shakspeare Nursing Home 2621 General Meyer Ave. New Orleans, LA 70114 Phone: (504)364-4030 Fax: 504-364-4037	Willow Wood at Woldenberg Village 3701 Behrman Place New Orleans, LA 70114 Phone: (504)367-5640 Fax: 504-367-5643	Woodland Village Nursing & Rehab. Center 5301 Tullis Drive New Orleans, LA 70131 Phone: (504)394-5807 Fax: (504)394-5980
<b>Jefferson</b>		
Bayside Healthcare Center 3201 Wall Blvd Gretna, LA 70056 Phone: 504-393-1515 Fax: 504-391-7426	Chateau Living Center 716 Village Road Kenner, LA 70065 Phone: (504)464-0604 Fax: (504)464-0808	Colonial Oaks Living Center 4312 Ithaca Street Metairie, LA 70006 Phone: (504)887-6414 Fax: 504-887-5812
East Jefferson Hospital SNF 4200 Houma Blvd. Metairie, LA 70002 Phone: (504)454-4799 Fax: (504)456-8068	Health West Rehab Hospital (SNF) 3201 - B Wall Blvd. Gretna, LA 70056 Phone: 504-433-5551 Fax: 504-433-4435	Jefferson Healthcare Center 2200 Jefferson Hwy. Jefferson, LA 70121 Phone: (504)837-3144 Fax: (504)832-3909
Maison DeVille Nursing Home of Harvey 2233 8th Street Harvey, LA 70058 Phone: (504)362-9522 Fax: (504)368-4118	Marrero Healthcare Center 5301 August Avenue Marrero, LA 70072 Phone: (504)341-3658 Fax: (504)347-3754	
Meadowcrest Living Center - Gretna 535 Commerce Street Gretna, LA 70056 Phone: (504)393-9595 Fax: (504)392-8899	Metairie Health Care Center 6401 Riverside Drive Metairie, LA 70003 Phone: (504)885-8611 Fax: (504)887-3581	Ochsner Foundation Hospital SNF 1221 South Clearview Parkway Jefferson, LA 70121 Phone: (504)736-4949 Fax: (504)736-4990
St Anthony's Nursing Home 6001 Airline Hwy. Metairie, LA 70003 Phone: (504)733-8448 Fax: (504)733-1917	St John's Specialty Hospital SNF 405 Folse Rd Harahan, LA 70123 Phone: (504)738-3339 Fax: (504)739-9203	St Joseph Nursing & Rehab Center 405 Folse Dr. Harahan, LA 70123 Phone: (504)738-7676

		Fax: 504-738-7601
	Waldon Health Care Center 2401 Idaho Street Kenner, LA 70062 Phone: (504)466-0222 Fax: 504-461-5479	West Jefferson Health Care Center 1020 Manhattan Blvd. Harvey, LA 70058 Phone: (504)362-2020 Fax: (504)367-9574
West Jefferson Medical Center Subacute 1101 Medical Center Blvd., 6-A South Marrero, LA 70072 Phone: 504-349-1111 Fax: (504)349-6015	Wynhoven Health Care Center 1050 Medical Center Blvd. Marrero, LA 70072 Phone: (504)347-0777 Fax: 504-341-7240	
<b>Plaquemines</b>		
Riverbend Nursing and Rehabilitation Center 13735 Highway 23 Belle Chasse, LA 70037 Phone: (504)656-0068 Fax: (504)656-0037		
<b>St. Bernard</b>		
Chalmette Medical Center-SNF 801 Virtue Street Chalmette, LA 70043 Phone: (504)620-7000 Fax: 504-620-7218	Fernandez Nursing Home 2725 Bayou Road St. Bernard, LA 70085 Phone: (504)682-0131 Fax: 504-682-4163	Huntington Place Senior Community 3819 DeLaRonde Blvd. Chalmette, LA 70043 Phone: (504)279-4461 Fax: (504)279-3114
Maison Orleans I, LLC 2310 Mehle Avenue Arabi, LA 70032 Phone: (504)279-0401 Fax: 504-279-9821	St Rita's Nursing Home 1422 E. LA Hwy. 46 St. Bernard, LA 70085 Phone: (504)682-2650 Fax: 504-682-4199	
<b>Region 2</b>		
<b>Ascension</b>		
Ascension Care Center, LLC 711 W. Cornerview Road Gonzales, LA 70737 Phone: (225)644-6581 Fax: (225)644-0373	D'Ville House 401 Vatican Drive Donaldsonville, LA 70346 Phone: (225)473-8614 Fax: 225-473-4331	Gonzales Healthcare Center 905 W. Cornerview Road Gonzales, LA 70737 Phone: (225)644-5358 Fax: 225-644-8409
<b>East Baton Rouge</b>		
Acadian Rehabilitation and Nursing Center 4005 North Blvd. Baton Rouge, LA 70806 Phone: (225)387-5934 Fax: (225)387-6122	Baton Rouge General Medical Center, SNF 3600 Florida Blvd. Baton Rouge, LA 70806 Phone: (225)387-7161 Fax: (225)387-7093	Baton Rouge Health Care Center 5550 Thomas Road Baton Rouge, LA 70811 Phone: (225)774-2141 Fax: (225)774-2143
Baton Rouge Heritage House 1335 Wooddale Blvd. Baton Rouge, LA 70806 Phone: (225)924-2851 Fax: 225-924-2975	Capitol House Nursing & Rehab Center 11546 Florida Blvd. Baton Rouge, LA 70815 Phone: (225)275-0474 Fax: 225-272-4930	Care Center (The) 11188 Florida Blvd. Baton Rouge, LA 70815 Phone: (225)275-7570 Fax: 225-275-0723
Community Care Center of Baker 3612 Baker Blvd. Baker, LA 70714 Phone: (225)778-0573 Fax: 225-775-4724	Flannery Oaks Guest House 1642 N. Flannery Road Baton Rouge, LA 70815 Phone: (225)275-6393 Fax: (225)273-2273	Guest House (The) 10145 Florida Blvd. Baton Rouge, LA 70815 Phone: (225)272-0111 Fax: (225)275-3437
Heritage Manor of Baton Rouge	Hillhaven Nursing Center East	Jefferson Manor Nursing &



9301 Oxford Place Drive Baton Rouge, LA 70809 Phone: (225)291-8474 Fax: 225-292-5350	4100 North Blvd. Baton Rouge, LA 70806 Phone: (225)387-6704 Fax: 225-387-3403	Rehab Ctr, LLC 9919 Jefferson Highway Baton Rouge, LA 70809 Phone: (225)293-1434 Fax: (225)291-3254
Lakewood Quarters Rehab & Nursing Ctr 8225 Summa Avenue Baton Rouge, LA 70809 Phone: 225-766-0130 Fax: 225-766-0145	Landmark of Baton Rouge 9105 Oxford Place Drive Baton Rouge, LA 70809 Phone: (225)293-1003 Fax: (225)293-1023	Lane Memorial Hosp. Geriatric LTC 6300 Main Street Zachary, LA 70791 Phone: (225)658-4303 Fax: 225-658-4287
Lane Memorial Hospital SNF 6300 Main St. Zachary, LA 70791 Phone: (225)658-4303 Fax: 225-658-4289	Louisiana Guest House of Baton Rouge 7414 Sumrall Drive Baton Rouge, LA 70812 Phone: (225)356-0644 Fax: 225-357-5769	Ollie Steele Burden Manor 4250 Essen Lane Baton Rouge, LA 70809 Phone: (225)926-0091 Fax: (225)926-4937
Our Lady of the Lake Hosp - Transitional Care Unit, a SNF 5000 Hennessy Boulevard Baton Rouge, LA 70808 Phone: (225)765-8902 Fax: (225)765-8667	Regency Place 14333 Old Hammond Hwy. Baton Rouge, LA 70816 Phone: (225)272-1401 Fax: (225)272-1518	Retirement Center, The 14686 Old Hammond Hwy. Baton Rouge, LA 70816 Phone: (225)272-9339 Fax: (225)273-3008
Sherwood Manor Rehab. and Nursing Home 2828 Westfork Baton Rouge, LA 70816 Phone: (225)291-7049 Fax: (225)291-7051	St Clare Manor 7435 Bishop Ott Drive Baton Rouge, LA 70806 Phone: (225)216-3604 Fax: (225)216-3746	St James Place Nursing Care Center 333 Lee Drive Baton Rouge, LA 70808 Phone: (225)769-1407 Fax: (225)769-1011
Sterling Place 3888 North Blvd. Baton Rouge, LA 70806 Phone: (225)344-3551 Fax: (225)344-1088	Zachary Manor Nursing & Rehab. Center 6161 Main Street Zachary, LA 70791 Phone: (225)654-6893 Fax: 225-654-6369	
<b>West Baton Rouge</b>		
Port Allen Care Center, L.L.C. 403 15th Street Port Allen, LA 70767 Phone: (225)346-8815 Fax: (225)346-8989		
<b>Point Coupee</b>		
Lakeview Manor Nursing Home 400 Hospital Road New Roads, LA 70760 Phone: 225-638-4404 Fax: 225-638-8607	Point Coupee Healthcare 2202 A Hospital Road New Roads, LA 70760 Phone: 225-638-4431 Fax: 225-638-9615	
<b>Iberville</b>		
Plaquemine Caring LLC 59215 River West Drive Plaquemine, LA 70764 Phone: (225)687-0240 Fax: (225)687-0249	Plaquemine Manor Nursing Home, Inc. 24320 Ferdinand Street Plaquemine, LA 70764 Phone: (225)687-3428 Fax: 225-687-4778	
<b>East Feliciana</b>		

Grace Nursing Home 9725 Grace Lane Clinton, LA 70722 Phone: (225)683-8533 Fax: 225-683-5116	Louisiana War Veterans' Home 4739 Hwy. 10 Jackson, LA 70748 Phone: 225-342-8998 Fax: 225-634-4057	Villa Feliciana Chronic Disease Hosp & Rehab - SNF 5002 Highway 10 Jackson, LA 70748 Phone: (225)634-4000 Fax: (225)634-4191
<b>West Feliciana</b>		
St Francisville Country Manor, LLC 15243 Hwy. 10 East St. Francisville, LA 70775 Phone: (225)635-3346 Fax: 225-635-0141		
<b>Region 3</b>		
<b>Assumption</b>		
Heritage Manor of Napoleonville 252 Hwy. 402 Napoleonville, LA 70390 Phone: (985)369-6011 Fax: 985-369-2473		
<b>Lafourche</b>		
Audubon Guest House 2110 Audubon Ave. Thibodaux, LA 70301 Phone: (985)446-3109 Fax: (985)447-5329	Lafourche Home For Aged & Infirm 1002 Tiger Drive Thibodaux, LA 70301 Phone: (985)447-2205 Fax: (985)446-9977	Raceland Manor Nursing Home, Inc. 4302 Hwy. 1 Raceland, LA 70394 Phone: (985)537-3569 Fax: 985-537-3020
South Lafourche Nursing Center 146 E. 28th Street Cut Off, LA 70345 Phone: (985)693-8677 Fax: (985)693-8128	Thibodaux Healthcare Center 1300 Lafourche Drive Thibodaux, LA 70301 Phone: (985)446-1332 Fax: 985-446-3974	
<b>St. Charles</b>		
Luling Living Center 1125 Paul Maillard Road Luling, LA 70070 Phone: (985)785-8271 Fax: 985-785-9944	Ormond Nursing and Care Center 22 Plantation Road Destrehan, LA 70047 Phone: (985)764-1793 Fax: 985-764-1374	
<b>St. James</b>		
Riverlands Health Care Center 1980 River Road Lutcher, LA 70071 Phone: (225)869-5725 Fax: 225-869-4009		
<b>St. John the Baptist</b>		
Twin Oaks Nursing Home 506 West 5th Street LaPlace, LA 70068 Phone: (985)652-9538 Fax: 985-652-8949		
<b>St. Mary</b>		
Franklin Health Care Center 1907 Chinaberry Street Franklin, LA 70538 Phone: (337)828-1918 Fax: (337)828-3650	Morgan City Health Care Center 740 Justa Street Morgan City, LA 70380 Phone: (985)384-1726 Fax: 985-384-4942	Patterson Healthcare Center 910 Lia Street Patterson, LA 70392 Phone: (985)395-4563 Fax: 985-395-6533

Terrebonne		
Chateau Terrebonne Health Care 1386 W. Tunnel Blvd. Houma, LA 70360 Phone: (985)872-4553 Fax: 985-872-1803	Heritage Manor of Houma 1701 Polk Street Houma, LA 70360 Phone: (985)851-2307 Fax: (985)851-6562	Maison DeVill Nursing Home-Houma, Inc. 107 S. Hollywood Road Houma, LA 70360 Phone: (985)876-3250 Fax: 985-873-0046
Oaks of Houma (The) 400 Monarch Dr. Houma, LA 70364 Phone: (985)876-5692 Fax: 985-868-1954	Terrebone General Medical Center - SNF 8166 Main Street Houma, LA 70360 Phone: (985)873-4601 Fax: (985)873-4640	
Region 4		
Acadia		
Acadia St. Landry Guest Home, Inc. 830 S. Broadway St. Church Point, LA 70525 Phone: (337)684-6316 Fax: 337-684-6317	Christian Villa Nursing Home 1120 W. Hutchinson Ave. Crowley, LA 70527 Phone: (337)783-5533 Fax: 337-783-3188	Crowley Guest House 1400 E. Elm Street Crowley, LA 70526 Phone: (337)783-8101 Fax: 337-783-9476
Crowley Guest House North 1526 N. Ave I Crowley, LA 70526 Phone: (337)783-2363 Fax: (337)783-5336	Rayne Guest Home, Inc. 308 Amelia Street Rayne, LA 70578 Phone: (337)334-5111 Fax: 337-334-9569	Southwind Nursing & Rehab Center 804 Crowley - Rayne Hwy. Crowley, LA 70526 Phone: (337)783-2740 Fax: 337-788-2431
Evangeline		
Basile Care Center 2907 E. Schambers Basile, LA 70515 Phone: (337)432-6663 Fax: 337-432-6664	Heritage Manor of Ville Platte 220 S. Thompson Street Ville Platte, LA 70586 Phone: (337)363-5532 Fax: 337-363-6275	Prairie Manor Nursing Home 1050 Edwin Elliott Drive Pine Prairie, LA 70576 Phone: (337)599-2031 Fax: 337-599-2548
Savoy Care Center 906 Cherry Street P. O. Box 515 Mamou, LA 70554 Phone: (337)468-0347 Fax: (337)468-3389	Savoy Medical Center SNF 801 Poinciana Ave Mamou, LA 70554 Phone: (337)468-0365 Fax: (337)468-4215	
Iberia		
Belle Teche Nursing & Rehab Center 1306 W. Admiral Doyle Dr. New Iberia, LA 70560 Phone: (337)364-5472 Fax: 337-365-8932	Consolata Home 2319 E. Main Street New Iberia, LA 70560 Phone: (337)365-8226 Fax: (337)365-8626	Iberia Gen Hospital & Medical Center SNF 2315 East Main St. New Iberia, LA 70560 Phone: (337)364-0441 Fax: 337-374-7654
Maison Teche Nursing Center 7307 Old Spanish Trail Jeanerette, LA 70544 Phone: (337)276-4514 Fax: (337)276-3920	New Iberia Manor North 1803 Jane Street New Iberia, LA 70563 Phone: (337)365-2466 Fax: 337-365-2460	New Iberia Manor South 600 Bayard Street New Iberia, LA 70560 Phone: (337)365-3441 Fax: 337-365-0879
Lafayette		
Amelia Manor Nursing Home 903 Center Street Lafayette, LA 70501 Phone: (337)234-7331 Fax: (337)232-5057	Bethany MHS Health Care Center 406 St. Julien Street Lafayette, LA 70506 Phone: 337-234-2459 Fax: 337-264-9053	Community Extended Care & Rehab Center 809 Martin Luther King, Jr. Drive Lafayette, LA 70501 Phone: (337)233-6855

		Fax: 337-233-7278
Cornerstone Village Infirmary North 306 Sidney Martin Road Lafayette, LA 70507 Phone: 337-237-3040 Fax: 337-269-1615	Cornerstone Village Infirmary South 103 W. Martial Avenue Lafayette, LA 70508 Phone: (337)981-5335 Fax: (337)981-0775	Courtyard Manor Nurse Care Center 306 Sidney Martin Lafayette, LA 70507 Phone: (337)235-9976 Fax: 337-235-0357
Evangeline Oaks Guest House 240 Arceneaux Road Carencro, LA 70520 Phone: (337)896-9227 Fax: (337)896-0801	Lady of the Oaks Retirement Manor 1005 Eraste Landry Road Lafayette, LA 70506 Phone: (337)232-6370 Fax: 337-232-3595	Lafayette Care Center 325 Basque Crescent Drive Lafayette, LA 70503 Phone: 337-232-0299 Fax: 337-237-8162
Lafayette General Medical Center SNF 1214 Coolidge Avenue Lafayette, LA 70503 Phone: (337)289-7991 Fax: (337)289-7711	Magnolia Estates 1511 Dulles Dr. Lafayette, LA 70506 Phone: (337)216-0950 Fax: (337)216-0994	Maison de Lafayette 2707 Kaliste Saloom Road Lafayette, LA 70508 Phone: (337)981-2258 Fax: (337)988-3807
Our Lady of Lourdes Medical Center SNF 611 St. Landry St. Lafayette, LA 70506 Phone: (337)289-2000 Fax: 337-289-2585	River Oaks Retirement Manor 2500 E. Simcoe Street Lafayette, LA 70501 Phone: (337)233-7115 Fax: 337-233-9125	
<b>St. Landry</b>		
Eunice Manor 3859 Hwy. 190 Eunice, LA 70535 Phone: 337-457-2681 Fax: 337-457-0728	J. Michael Morrow Memorial Nursing Home 883 Main Street Arnaudville, LA 70512 Phone: (337)754-7703 Fax: 337-754-7702	Maison Deville of Opelousas 308 W. Grolee Street Opelousas, LA 70570 Phone: (337)942-7588 Fax: (337)942-7598
Oak Lane Wellness & Rehabilitative Center 1400 W. Magnolia Eunice, LA 70535 Phone: (337)550-7200 Fax: (337)457-5079	Our Lady of Prompt Succor Nursing Facility 954 E. Prudhomme St. Opelousas, LA 70570 Phone: (337)948-3634 Fax: (337)942-8279	Senior Village Nursing Home 2829 Ducharme Road Opelousas, LA 70570 Phone: (337)948-4486 Fax: 337-948-4524
Tri-Community Nursing Center 7014 Hwy. 71 Palmetto, LA 71358 Phone: (337)623-4227 Fax: (337)623-5602		
<b>St. Martin</b>		
St Agnes Healthcare and Rehab Ctr. 606 Latiolais Road Breaux Bridge, LA 70517 Phone: (337)332-4808 Fax: 337-332-5510	St Martinville Rehab & Nursing Ctr. 203 Claire Drive St. Martinville, LA 70582 Phone: (337)394-6044 Fax: 337-394-7044	
<b>Vermillion</b>		
Eastridge Nursing Center 2305 Richard St. Abbeville, LA 70510 Phone: (337)892-9800 Fax: (337)892-9875	Gueydan Memorial Guest Home 1201 3rd Street Gueydan, LA 70542-0510 Phone: 337-536-6584 Fax: 337-536-9611	Heritage Manor Care & Rehab. Ctr of Abbeville 2403 Alonzo Abbeville, LA 70510 Phone: 337-893-6140 Fax: 337-893-8617
Kaplan Healthcare Center 1300 W. 8th Street Kaplan, LA 70548	Morris Lahasky Nursing Center 501 E. Veterans Memorial Drive Erath, LA 70533	Vermilion Health Care Center 14008 Cheneau Road Kaplan, LA 70548

Phone: (337)643-7302 Fax: (337)643-1579	Phone: (337)937-4416 Fax: (337)937-6768	Phone: (337)643-1949 Fax: 337-643-2898
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## Region 5

<b>Allen</b>		
Allen Oaks Nursing Home 909 E. 6th Avenue Oakdale, LA 71463 Phone: (318)335-1469 Fax: 318-335-9573	Kinder Retirement & Rehab. Ctr., Inc. 13938 Hwy. 165 Kinder, LA 70648 Phone: (337)738-5671 Fax: 337-738-5777	St Frances Nursing & Rehab. Center 417 Industrial Park Drive Oberlin, LA 70655 Phone: (337)639-2934 Fax: (337)639-4373

<b>Beauregard</b>		
DeRidder Retirement & Rehab Ctr. 1420 Blankenship Drive DeRidder, LA 70634 Phone: (337)463-9022 Fax: (337)462-0719	Merryville Nursing Center 900 Byran St. Merryville, LA 70653 Phone: (337)825-6181 Fax: 337-825-6176	Westwood Manor Nursing Home, Inc. 714 High School Drive DeRidder, LA 70634 Phone: (337)463-6293 Fax: 337-463-3234

<b>Calcasieu</b>		
Care Center of DeQuincy (The) 602 N. Division Street DeQuincy, LA 70633 Phone: (337)786-2466 Fax: 337-786-6266	Grand Cove Nursing & Rehab. Center 1525 W. McNeese St. Lake Charles, LA 70605 Phone: (337)474-6000 Fax: 337-478-7522	Guardian House Total Alzheimer's Living Facility, The 1401 Country Club Road Lake Charles, LA 70605 Phone: (337)480-1550 Fax: (337)480-1341

High Hope Care Center 475 High Hope Road Sulphur, LA 70663 Phone: (337)527-8140 Fax: 337-527-0098	Holly Hill House 100 Kingston Road Sulphur, LA 70663 Phone: (337)625-5843 Fax: 337-625-3432	Lake Charles Care Center 2701 Ernest Street Lake Charles, LA 70601 Phone: (337)439-0336 Fax: 337-494-0546
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Lake Charles Memorial Hospital SNF 1701 Oak Park Blvd. Lake Charles, LA 70601 Phone: 337-494-3000 Fax: 337-494-2593	Martin dePorres Nursing Home 200 Teal Street Lake Charles, LA 70615 Phone: 337-439-5761 Fax: 337-433-4788	Oak Park Healthcare Center 2717 1st Avenue Lake Charles, LA 70601 Phone: (337)478-2920 Fax: (337)478-0230
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Resthaven Nursing & Rehab Ctr, LLC 4532 Sale Lane Lake Charles, LA 70605 Phone: (337)477-6371 Fax: (337)477-7189	Rosewood Nursing Center 534 15th Street Lake Charles, LA 70601 Phone: (337)439-8338 Fax: (337)310-8268	
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<b>Jefferson Davis</b>		
Golden Age of Welsh, LLC 410 S. Simmons Street Welsh, LA 70591 Phone: (337)734-2555 Fax: 337-734-2533	Jeff Davis Living Center, LLC 1338 N. Cutting Ave. Jennings, LA 70546 Phone: (337)824-3165 Fax: (337)824-3183	Jennings Guest House 203 S. Louise Street Jennings, LA 70546 Phone: (337)824-2466 Fax: 337-824-2465

## Region 6

<b>Avoyelles</b>		
Avoyelles Manor Nursing Home 5682 Hwy. 107, South Dupont, LA 71329 Phone: (318)922-3404 Fax: 318-922-3680	Bayou Chateau Nursing Center 16232 Hwy. 1 Simmesport, LA 71369 Phone: (318)941-2294 Fax: 318-941-2957	Bayou Vista Manor Nursing Home 323 Evergreen Hwy. Bunkie, LA 71322 Phone: (318)346-2080

		Fax: 318-346-7879
Colonial Nursing Home Inc. 426 N. Washington Street Marksville, LA 71351 Phone: (318)253-4556 Fax: 318-253-4550	Hessmer Nursing Home 3707 Hwy. 114 Hessmer, LA 71341 Phone: (318)563-4246 Fax: 318-563-9244	Oak Haven Rehab & Retirement Ctr. 1515 Hwy 107 Center Point, LA 71323 Phone: (318)253-4601 Fax: 318-253-9828
Rio-Sol Nursing Home, Inc. 7049 Zylene St. Mansura, LA 71350 Phone: (318)964-2198 Fax: 318-964-2190	Valley View Health Care Facility 7119 Hwy. 1 Marksville, LA 71351 Phone: (318)253-6553 Fax: 318-253-0027	
<b>Catahoula</b>		
Columns Rehab & Retirement Center, The 3025 Fourth St. Jonesville, LA 71343 Phone: (318)339-4344 Fax: 318-339-4348		
<b>Concordia</b>		
Camelot Leisure Living 6818 Hwy. 84 Ferriday, LA 71334 Phone: (318)757-2181 Fax: (318)757-7918	Heritage Manor Health & Rehab Ctr. Ferriday 110 Serio Blvd. Ferriday, LA 71334 Phone: (318)757-8671 Fax: (318)757-6151	
<b>Grant</b>		
Colfax Reunion Nursing & Rehab Center 366 Webb Smith Drive Colfax, LA 71417 Phone: (318)627-3207 Fax: 318-627-3209	Woods Haven Senior Citizens Home 8275 Hwy. 165 Pollock, LA 71467 Phone: (318)765-3557 Fax: 318-765-9862	
<b>La Salle</b>		
Golden Age Nursing Center 5877 Aimwell Road Jena, LA 71342 Phone: (318)992-4175 Fax: (318)992-4177	LaSalle Nursing Home 139 Ninth Street Jena, LA 71342 Phone: (318)992-6627 Fax: (318)992-9288	
<b>Rapides</b>		
Heritage Manor Alexandria Rehab & Nur Ctr 3343 Masonic Drive Alexandria, LA 71301 Phone: (318)445-6508 Fax: 318-445-0517	Hilltop Nursing Ctr. Pineville 336 Edgewood Drive Pineville, LA 71360 Phone: (318)442-9552 Fax: (318)473-2640	Lexington House 16 Heyman Lane Alexandria, LA 71303 Phone: 318-442-4364 Fax: 318-442-8946
Matthews Memorial Health Care Center 5100 Jackson Street Ext. Alexandria, LA 71303 Phone: (318)445-5215 Fax: 318-442-8067	Naomi Heights Nursing Home 2421 E. Texas Avenue Alexandria, LA 71301 Phone: (318)443-5638 Fax: 318-442-3118	Oaks Care Center (The) 50 Pinecrest Drive Pineville, LA 71360 Phone: (318)640-9656 Fax: 318-640-1439
Regency House 5131 Masonic Drive Alexandria, LA 71301 Phone: (318)445-8343 Fax: (318)445-8527	Southfield Care Center 2810 Hwy. 71 North Lecompte, LA 71346 Phone: (318)776-9394 Fax: 318-776-5533	St Christina Nursing & Rehab Ctr 122 Hillsdale Drive Pineville, LA 71360 Phone: (318)448-0141 Fax: 318-448-9772

Summit Retirement Center, Inc. The 2200 Memorial Drive Alexandria, LA 71301 Phone: (318)445-4300 Fax: 318-445-2761	Tioga Manor Nursing Center 5201 Shreveport Hwy. Pineville, LA 71360 Phone: (318)640-3014 Fax: 318-640-1878	
<b>Vernon</b>		
Pine Haven Nursing Home 18364 Central Avenue Rosepine, LA 70659 Phone: (337)463-8778 Fax: 337-463-9532	Rosepine Retirement & Rehab Ctr., LLC 18364 Central Avenue P. O. Box 1169 Rosepine, LA 70659 Phone: 337-463-8778 Fax: 337-463-9632	Woodland Health Care Center, LLC (The) 8422 Kurthwood Road Leesville, LA 71446 Phone: (337)239-6578 Fax: 337-238-2723
<b>Winn</b>		
Autumn Leaves Nursing & Rehab Center, LLC 342 Country Club Road Winnfield, LA 71483 Phone: (318)628-4152 Fax: (318)628-6171	Winnfield Nursing & Rehab Ctr, LLC 915 1st Street Winnfield, LA 71483 Phone: (318)628-3533 Fax: 318-628-3505	
<b>Region 7</b>		
<b>Brenville</b>		
Leslie Lakes Retirement Center 1355 6th Street Arcadia, LA 71001 Phone: (318)263-9581 Fax: (318)263-9606	Ringgold Nursing & Rehab Ctr., LLC 2501 Kenneth Street Ringgold, LA 71068 Phone: (318)894-9181 Fax: 318-894-9183	Willow Ridge Nursing & Rehabilitation Center 1451 Daniel Street Arcadia, LA 71001 Phone: (318)263-2025 Fax: 318 263-2821
<b>Bossier</b>		
Colonial Oaks Guest Care Center, L.L.C. 4921 Medical Drive Bossier City, LA 71112 Phone: (318)742-5420 Fax: 318-742-8887	Cypress Point Nursing & Rehab Ctr 2901 Douglas Street Bossier City, LA 71111 Phone: (318)747-2700 Fax: 318-747-5947	Garden Court Nursing Center 4405 Airline Dr. Bossier City, LA 71111 Phone: (318)747-5440 Fax: (318)747-5040
Heritage Manor of Bossier City 2575 Airline Drive Bossier City, LA 71111 Phone: (318)746-7466 Fax: 318-747-0014	Pilgrim Manor Guest Care Center, LLC 1524 Doctors Drive Bossier City, LA 71111 Phone: (318)742-1623 Fax: 318-742-2878	Riverview Care Center 4820 Medical Drive Bossier City, LA 71112 Phone: (318)747-1857 Fax: 318-741-1259
Whispering Pines Nursing Home 309 S. Louisiana St. Plain Dealing, LA 71064 Phone: 318-326-4259 Fax: 318-326-5883		
<b>Caddo</b>		
Booker T. Washington Nursing Center 7605 Line Avenue Shreveport, LA 71136 Phone: (318)219-2608 Fax: 318-861-7685	Bradford, L.L.C. (The) 3050 Baird Road Shreveport, LA 71118 Phone: 318-688-1010 Fax: 318-688-1099	Christus Schumpert Health Systems, SNF Unit One St. Mary Place Shreveport, LA 71120 Phone: (318)681-4500 Fax: 318-681-6017
Claiborne Healthcare Center 1536 Claiborne Ave. Shreveport, LA 71103	Eden Gardens Nursing Center 7923 Line Avenue Shreveport, LA 71106	Garden Park Nursing & Rehab Ctr, LLC 9111 Linwood Avenue

Phone: (318)631-3426 Fax: 318-636-4936	Phone: (318)865-0261 Fax: (318)865-5758	Shreveport, LA 71106 Phone: (318)688-0961 Fax: 318-686-9287
Glen Oaks Retirement Home 1524 Glen Oak Place Shreveport, LA 71103 Phone: (318)221-0911 Fax: (318)221-4089	Guest Care at Springlake, L.L.C. 8622 Line Avenue Shreveport, LA 71106 Phone: (318)868-4126 Fax: 318-868-9084	Guest House, L.L.C. (The) 9225 Normandie Drive Shreveport, LA 71118 Phone: (318)686-0515 Fax: 318-687-0311
Harmony House Nursing & Rehab Ctr., Inc. 1825 Laurel Street Shreveport, LA 71103 Phone: (318)424-5251 Fax: 318-424-7837	Heritage Manor South 9712 Mansfield Road Shreveport, LA 71118 Phone: (318)687-2080 Fax: (318)688-8103	Landmark Nursing Ctr. of Shreveport 9105 Baird Road Shreveport, LA 71118 Phone: (318)688-6691 Fax: 318-688-2608
Live Oak 600 E. Flounoy Lucas Road Shreveport, LA 71115 Phone: 318-797-1900 Fax: 318-797-1999	Magnolia Manor Nursing & Rehab Ctr, LLC 1411 Claiborne Avenue Shreveport, LA 71103 Phone: (318)868-4421 Fax: (318)868-4431	Nurse Care Nursing & Rehab Center 1736 Irving Place Shreveport, LA 71101 Phone: 318-221-1983 Fax: 318-222-2095
Pierremont Healthcare Center 725 Mitchell Lane Shreveport, LA 71106 Phone: (318)868-2789 Fax: 318-868-6375	Progressive Care Center 2715 Albert L. Bicknell Drive Shreveport, LA 71103 Phone: (318)212-8200 Fax: 318-212-4343	Rose View Nursing Center 3405 Mansfield Road Shreveport, LA 71103 Phone: (318)222-3100 Fax: 318-222-3930
Shreveport Manor, L.L.C. 3302 Mansfield Road Shreveport, LA 71103 Phone: (318)222-9482 Fax: 318-424-9985	Village Health Care at The Glen 403 E. Flounoy Lucas Road Shreveport, LA 71115 Phone: (318)798-3500 Fax: 318-213-3578	Vivian Healthcare Center 912 S. Pecan Street Vivian, LA 71082 Phone: (318)375-2203 Fax: 318-375-2866
Westwood Manor Nursing & Rehab Ctr. #1 Westwood Circle Shreveport, LA 71109 Phone: (318)631-1846 Fax: (318)636-2824		
<b>Claiborne</b>		
Claiborne Manor Nursing Home 6942 HWY. 79 P O Drawer 1030 Homer, LA 71040 Phone: (318)927-3586 Fax: 318-927-4656	Heritage Nursing Center 1745 Bailey Avenue Haynesville, LA 71038 Phone: 318-624-1166 Fax: 318-624-3109	Presbyterian Village of Homer 3700 Hwy. 79, South Homer, LA 71040 Phone: (318)927-6133 Fax: 318-927-4200
<b>DeSoto</b>		
DeSoto Retirement & Rehab Ctr, Inc. 635 Schley Street Mansfield, LA 71052 Phone: (318)872-0276 Fax: (318)872-5867	Mansfield Nursing Center 1725 McArthur Dr. Mansfield, LA 71052 Phone: 318-872-9911 Fax: 318-872-9696	
<b>Natchitoches</b>		
Heritage Manor of Natchitoches Rehab & Retire Ctr 720 Keyser Avenue Natchitoches, LA 71457 Phone: (318)352-8296 Fax: (318)352-3837	Natchitoches Nursing & Rehab Center, LLC 750 Keyser Ave. Natchitoches, LA 71457 Phone: (318)352-8779 Fax: 318-352-8910	Natchitoches Parish Hospital LTC Unit 501 Keyser Avenue Natchitoches, LA 71457 Phone: (318)214-4361 Fax: 318-214-4291
<b>Red River</b>		
Green Meadow Haven 1110 Ringgold Avenue		



Coushatta, LA 71019 Phone: (318)932-5202 Fax: 318-932-3034		
<b>Sabine</b>		
Many Healthcare North 120 Natchitoches Hwy. 6, East Many, LA 71449 Phone: (318)256-9233 Fax: 318-256-0739	Many Healthcare South 255 Middle Creek Road Many, LA 71449-3308 Phone: (318)256-6281 Fax: 318-256-0741	Sabine Retirement & Rehab. Center 965 Fisher Road Many, LA 71449 Phone: (318)590-0200 Fax: 318-590-0222
Toledo Nursing Center 1009 N. Obrie Street Zwolle, LA 71486 Phone: (318)645-2800 Fax: 318-645-2645		
<b>Webster</b>		
Fountain View Care & Rehab. Center 215 1st Street N.E. Springhill, LA 71075 Phone: 318-539-3527 Fax: 318-539-3588	Meadowview Health and Rehab Center 400 Meadowview Drive Minden, LA 71055 Phone: (318)377-1011 Fax: 318-377-9814	Town & Country Nursing Center 614 Weston Street Minden, LA 71055 Phone: (318)377-5349 Fax: 318-377-2973
<b>Region 8</b>		
<b>Caldwell</b>		
Haven Nursing Center 7726 US Hwy. 165 Columbia, LA 71418 Phone: 318-649-9800 Fax: 318-649-9825		
<b>East Carroll</b>		
Lake Providence Subacute Rehabilitation Center 5976 Hwy. 65 North Lake Providence, LA 71254 Phone: (318)559-4050 Fax: 318-559-4052	Shady Lake Nursing Home 352 Mill Street Lake Providence, LA 71254 Phone: (318)559-2248 Fax: 318-559-3381	
<b>Franklin</b>		
Charlyn Rehabilitation & Nursing Center 804 Polk Street Winnsboro, LA 71295 Phone: (318)435-5026 Fax: (318)435-3993	Mary Anna Nursing Home 125 Turner Street Wisner, LA 71378 Phone: (318)724-7244 Fax: 318-724-6698	Plantation Manor Nursing & Rehab Ctr, LLC 6340 Hwy. 4 Winnsboro, LA 71295 Phone: (318)435-2225 Fax: 318-435-2228
Southern Oaks Living Center 110 Maple Street Wisner, LA 71378 Phone: (318)724-7493 Fax: 318-724-6438		
<b>Jackson</b>		
Forest Haven Nursing & Rehab Ctr, LLC 171 Thrasher Drive	Jackson Manor Care & Rehab. Center 1691 S. Hudson Avenue	Pinehill Nursing & Rehab Center, LLC 344 Pinehill Drive

Jonesboro, LA 71251 Phone: (318)259-2729 Fax: 318-259-2977	Jonesboro, LA 71251-5856 Phone: (318)259-7386 Fax: 318-259-3231	Quitman, LA 71268 Phone: (318)259-4474 Fax: 318-259-4377
Wyatt Manor Nursing & Rehab. Ctr., Inc. 4659 HWY. 505 Jonesboro, LA 71251 Phone: (318)259-3290 Fax: 318-259-8439		
<b>Lincoln</b>		
Alpine Guest Care, L.L.C. 4396 Hwy. 80 East Ruston, LA 71270 Phone: (318)255-6492 Fax: 318-255-9714	Lincoln General Hospital SNF 401 East Vaughn Street Ruston, LA 71270 Phone: (318)254-2100 Fax: 318-254-2295	Prinston Place - Ruston 1405 White Street Ruston, LA 71270 Phone: (318)255-4400 Fax: 318-255-1139
Ruston Nursing & Rehab Ctr., LLC 3720 Hwy. 80 East Ruston, LA 71270 Phone: (318)255-5001 Fax: 318-254-1387		
<b>Madison</b>		
Madison Parish Home For Aged 701 N. Chestnut Street Tallulah, LA 71282 Phone: (318)574-1541 Fax: (318)574-0554	Olive Branch Senior Care Center (The) 32 Crothers Drive Tallulah, LA 71282 Phone: (318)574-8111 Fax: 318-574-4691	
<b>Morehouse</b>		
Cherry Ridge Guest Care Center, L.L.C. 5980 Cherry Ridge Rd. Bastrop, LA 71220 Phone: (318)281-6933 Fax: (318)281-1734	Hickory Manor Nursing & Rehab Ctr, LLC 370 W. Hickory Street Bastrop, LA 71221 Phone: (318)281-6523 Fax: 318-283-1097	LeGrand Healthce & Rehabilitation Center 650 Holt Street Bastrop, LA 71220 Phone: (318)281-0322 Fax: (318)281-3770
Oak Woods Home For The Elderly 1400 Davenport Avenue Mer Rouge, LA 71261 Phone: (318)647-3691 Fax: 318-647-3743	Summerlin Lane Nursing Home 1408 Summerlin Lane Bastrop, LA 71220 Phone: (318)281-5188 Fax: 318-283-2989	
<b>Ourachita</b>		
Avalon Place 4385 Old Sterlington Road Monroe, LA 71203 Phone: (318)322-2000 Fax: (318)322-2597	Christus St. Joseph Home 2301 Sterlington Road Monroe, LA 71211 Phone: (318)323-3426 Fax: 318-387-7157	Glenwood Regional Medical Center SNF 503 McMillan Road West Monroe, LA 71291 Phone: (318)329-4200 Fax: (318)329-4729
Landmark Nursing & Rehab Ctr of West Monroe, LLC 1611 Wellerman Rd. West Monroe, LA 71291 Phone: (318)396-3313 Fax: (318)396-3365	Mary Goss Nursing Home 3300 White Street Monroe, LA 71203 Phone: (318)323-9013 Fax: 318-324-1350	Monroe Manor Nursing Center 4201 S. Grand Street Monroe, LA 71202 Phone: (318)325-8244 Fax: 318-323-5031
North Monroe Hospital SNF 3421 Medical Park Drive Monroe, LA 71203 Phone: 318-388-1946 Fax: 318-361-4503	Northeast LA War Veterans Home 6700 Hwy. 165 North Monroe, LA 71203 Phone: 318-362-4206	Oaks (The) 1000 McKee Place Monroe, LA 71201 Phone: (318)387-5300 Fax: 318-387-1027

	Fax: 318-362-4241	
Ridgecrest Rehabilitation and Retirement Center 100 Landrum Drive West Monroe, LA 71291 Phone: (318)387-2577 Fax: (318)325-8662	Riverside Nursing Home 3001 S. Grand Street Monroe, LA 71202 Phone: (318)388-3200 Fax: (318)388-2909	Southern Acres Care Center 4600 Reddix Lane Monroe, LA 71202 Phone: (318)322-3100 Fax: 318-323-7482
St Francis Medical Center SNF 309 Jackson Street Monroe, LA 71210 Phone: (318)327-4000 Fax: (318)327-4142	West Monroe Guest House 1007 Glenwood Dr. West Monroe, LA 71291 Phone: (318)387-3900 Fax: 318-387-8222	
<b>Richland</b>		
Colonial Manor Guest House, LLC 114 Whatley Street Rayville, LA 71269 Phone: (318)728-3251 Fax: (318)728-6552	Rayville Guest House 294 Hwy. 3048 Rayville, LA 71269 Phone: (318)728-2089 Fax: (318)728-2096	Richland Manor Nursing & Rehab Ctr, LLC 522 Main St. Delhi, LA 71232 Phone: (318)878-2417 Fax: (318)878-8408
<b>Tensas</b>		
Tensas Care and Rehabilitation Center 901 Verona Street Newellton, LA 71357 Phone: (318)467-5117 Fax: (318)467-9716		
<b>Union</b>		
Bernice Nursing & Rehab Center, LLC 101 Reeves Street Bernice, LA 71222 Phone: (318)285-7600 Fax: 318-285-0105	Farmerville Nursing & Rehab Center, LLC 813 N. Main Street Farmerville, LA 71241 Phone: (318)368-2256 Fax: 318-368-8323	Timberlake Health Care 1155 Sterlington Highway Farmerville, LA 71241 Phone: (318)368-3103 Fax: 318-368-3494
<b>West Carroll</b>		
Carroll Nursing Home 307 N. Castleman Street Oak Grove, LA 71263 Phone: (318)428-3249 Fax: 318-428-7547	West Carroll Care Center, Inc. 706 Ross Street Oak Grove, LA 71263 Phone: (318)428-9612 Fax: 318-428-6185	
<b>Region 9</b>		
<b>Livingston</b>		
Golden Age Nursing Home 26739 Hwy. 1032 Denham Springs, LA 70726 Phone: 225-665-5544 Fax: 225-667-1011	Harvest Manor Nursing Home 9171 Cockerham Road Denham Springs, LA 70726 Phone: (225)665-8946 Fax: 225-667-1066	
<b>St. Helena</b>		
St Helena Parish Nursing Home 32 North 2nd St. Greensburg, LA 70441 Phone: (225)222-4102 Fax: (225)222-6739		
<b>St. Tammany</b>		
Christwood 100 Christwood Blvd. Covington, LA 70433 Phone: 985-898-0515	Forest Manor Nursing Home 71338 Hwy. 21 South Covington, LA 70433 Phone: (985)892-6900	Greenbriar Nursing & Convalescent Home 505 Robert Blvd. Slidell, LA 70458

Fax: 985-898-0529	Fax: 985-892-7857	Phone: (985)643-6900 Fax: 985-641-6176
Guest House of Slidell 1051 Robert Road Slidell, LA 70458 Phone: (985)643-5630 Fax: 985-659-6065	Heritage Manor of Mandeville 1820 W. Causeway Approach Mandeville, LA 70471 Phone: (985)626-4798 Fax: (985)626-3878	Lacombe Nursing Center 28119 Hwy. 190 P. O. Box 6 Lacombe, LA 70445 Phone: (985)882-5417 Fax: (985)882-3100
Lakeview Specialty Center 195 Highland Park Entrance Covington, LA 70433 Phone: 985-867-3800 Fax: 985-867-4449	North Shore Living Center 106 Medical Center Drive Slidell, LA 70461 Phone: (985)643-0307 Fax: 985-641-9307	Pontchartrain Health Care Center 1401 Hwy. 190 Mandeville, LA 70448 Phone: (985)626-8581 Fax: 985-624-9478
St Tammany Parish Hospital SNF 1202 S. Tyler Street Covington, LA 70433 Phone: 985-898-4000 Fax: 985-898-4361	Trinity Neurologic Rehab Center of Slidell 1400 Lindberg Drive Slidell, LA 70458 Phone: (985)641-4985 Fax: (985)646-0793	
<b>Tangipahoa</b>		
Belle Maison Nursing Home 15704 Medical Arts Plaza Hammond, LA 70403 Phone: (985)542-0110 Fax: 985-542-8619	Hammond Nursing Home 501 Old Covington Hwy. Hammond, LA 70403 Phone: (985)542-1200 Fax: 985-542-2062	Heritage HealthCare - Hammond 800 S. Oak Street Hammond, LA 70401 Phone: (985)345-7210 Fax: 985-345-7199
Kentwood Manor Nursing Home 12111 Hwy. 38 West Kentwood, LA 70444 Phone: (985)229-2112 Fax: 985-229-6992	Landmark Nursing Center Hammond 1300 Derek Drive Hammond, LA 70401 Phone: (985)542-8570 Fax: 985-429-8352	Tangi Pines Nursing Center 709 E. North Place Amite, LA 70422 Phone: (985)748-9464 Fax: 985-748-4404
<b>Washington</b>		
Good Samaritans Nursing Home 605 Hilltop Ave. Franklinton, LA 70438 Phone: (985)839-6706 Fax: 985-839-6783	Heritage Manor of Franklinton 2000 Main Street Franklinton, LA 70438 Phone: (985)839-4491 Fax: 985-839-2972	Resthaven Living Center, Inc. 1301 Harrison St. Bogalusa, LA 70427 Phone: 985 732-3909 Fax: 985 735-7451

# MEDICAL INSTITUTION EVACUATION PLAN

## HOSPITAL EVACUATION

### INTRODUCTION

Background: This Medical Institution Evacuation Plan for hospitalized patients has been developed in light of Hurricanes Katrina and Rita – 2005 season storms wherein 37 hospitals were evacuated post-storm for Hurricane Katrina and 21 hospitals were evacuated pre-storm for Hurricane Rita.

Preference: From a provider perspective, Louisiana continues to support the fact that patients should not be moved on a “maybe” event (prior to a storm) as it is not in the best interest of the patient to move critical care patients unless absolutely necessary. A recent letter from Secretary Chertoff also endorses this preference to harden structures so that unnecessary movement of critical patients is minimized.

Risks: Because of the lack of precise predictability of a storm’s land-fall 48-72 hours pre-event, movement of critical patients in this timeframe poses an increased risk. Movement of any critical care patient from a hospital to any other venue increases morbidity and mortality risks. Information has been provided from many hospitals which indicate that they have adequately prepared to shelter patients in place. State and federal support will be focused on assisting hospitals to care for the most vulnerable in hardened facilities. Support will also be provided to assist hospitals with moving those patients that can be safely evacuated.

In light of current litigations against hospitals and these ongoing congressional criticisms to have hospitals evacuate prior to a storm, the risk will still have to be weighed of staying in place with critically ill and electrically dependent patients. The plans for hospital evacuations were developed with “worse case” scenario conditions. The litigious environment, the Homeland Security hearings’ criticisms, the weakened levees, fragile infrastructure, the weakened response capabilities, and overburdened staff add to the indirect factors that may facilitate hospital evacuations regardless of structural ability to shelter-in-place.

### MISSION

The center of gravity for hospitals’ response during a hurricane threat is to shelter-in-place. However, in the event it is found necessary to evacuate patients at-risk and/or institutions, this plan addresses the considerations for activating this plan, the assets required to activate and operationalize this plan, as well as the timeline, reporting, command, control and communications activities.

## ASSUMPTIONS

1. This plan may be activated only during times of state declared emergencies.
2. This plan primarily addresses the 12 coastal parishes that are particularly vulnerable to hurricanes, specifically: Calcasieu, Cameron, Vermillion, Iberia, St. Mary, Terrebonne, Lafourche, St. Tammany, Jefferson, Orleans, Plaquemines, and St. Bernard. These 12 parishes contain 65 hospitals.
3. This plan does not assume the evacuation of medical institutions in all 12 coastal parishes simultaneously. Depending upon the scope, severity, as well as other direct or indirect threats will determine the patient/institution evacuation (which types of patients will be evacuated and which airheads will be activated).
4. Due to limited resources of state and local authorities, federal assets will be required to assist with the evacuation and subsequent medical support of this specific plan.
5. Hospitals are responsible for developing their own evacuation plans

## CRITERION FACTORS TO ACTIVATE THE PLAN

The following criteria should be considered when making the decision to trigger the Medical Institution Evacuation Plan.

- Strength of the Storm – The storm can have many characteristics including size of the storm and slow/ fast-moving characteristics. This characteristic shall be considered when making a decision.
- Direction of the storm – The sensitivity of the instrumentation to predict the direction of the storm is not accurate. The storm's cone of error is broad at 70-60 hours before landfall. The cone of error becomes narrower as the storm approaches landfall. The trade-off to be considered: greater predictability closer to landfall with less time to enact assets. Likewise, moving assets for a mass evacuation with greater time factor increases the likelihood of moving assets on a "maybe" event.
- Indirect or Direct threats to the facility (and/or patient) – Additional threats – direct or indirect – shall also be considered to include the already weakened levee structures, the vulnerable structures as a result of Katrina, the vulnerable infrastructures as a result of Katrina, the flooding potential as a result of weakened pump structures and/or other threats yet unknown.
- Local Factors – Local parishes may have declared voluntary or mandatory evacuations. Such decisions have an impact on this plan. More specifically, such declared evacuations may impact the staff of hospitals which may facilitate an evacuation of the institution.

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# OPERATIONS AND LOGISTICS

- I. TIMELINE
- II. OPERATIONS
- III. PLANNING AND REPORTING
- IV. COMMAND, CONTROL, AND COMMUNICATIONS
- V. RESOURCES (GROUND TRANSPORTATION, STAFFING, EQUIPMENT)

## I. TIMELINE of hospital evacuation events

Start H+/-	Due H+/-	Action, Decision, Deployment, Event or Notification	Coordinating entity	Support entity
P	H-120	Execute arrangements for buses used in Special Needs evacuation	HHS (ESF8)	GSA
P	H-120	Stage package for communication equipment needed for medical evacuation, including comm gear at SpNS shelters	HHS (ESF8)	ESF2, FEMA comms
P	H-120	Execute ambulance contracts for special needs evacuation	HHS (ESF8)	GSA
H-96	H-96	Issue PTDO for FEMA/NDMS assets	FEMA/ NDMS	
H-96	H-78	Issue PTDO for bus companies for movement of special needs patients	HHS (ESF8)	LDHH
H-96	H-60	Issue PTDO ESF8 medical personnel	HHS (ESF8)	
H-96	H-60	Deploy communication package for medical evacuation mission.	GOHSEP and FEMA Logs	LDHH, HHS
H-96	H-54	Deploy NDMS assets to staging for medical air evacuation mission	Governor to DHS/ FEMA	NDMS partners
H-96	H-48	Issue PTDO ESF13 for security at medical marshalling points as needed.	HHS (ESF8)	LSP, LANG, ESF13
H-84	H-78	Issue PTDO ambulance companies for movement of special needs patients.	HHS (ESF8)	LDHH
H-78	H-64	Deploy buses to staging area for special needs evacuation	HHS (ESF8)	Contractor
H-78	H-54	Deploy ambulances to staging area for special needs evacuation	HHS (ESF8)	Contractor
H-72	H-72	DECISION POINT- LDHH determines to what extent, if any, patient evacuation plan will be activated.	LDHH and NDMS partners	GOHSEP and FEMA
H-72	H-72	Execute plan for Hospital Evacuation	LDHH	ESF8, DoD, DOT, NDMS
H-72	H-72	Report hospital bed census baseline status	DRC Hospitals	DHH

Start H+/-	Due H+/-	Action, Decision, Deployment, Event or Notification	Coordinating entity	Support entity
H-72	H-72	<b>DECISION POINT -GOVERNOR</b> , Emergency Declaration	Governor	GOHSEP, FCO/ PFO
H-72	H-72	<b>Deploy</b> staff and activate medical command and control at EOC, OPH (Bluebonnet), and JFO.	LDSS, LDHH	ESF8
H-72	H-54	<b>Notification</b> begins from hospitals to their Designated Regional Coordinator (DRC) of their intent to evacuate or SIP	LDHH	ESF8
H-66	H-60	<b>Confirm</b> communications link with each ambulance and medical evac transportation asset	LDHH, ESF8	LDHH, HHS, ESF2
H-66	H-60	<b>Confirm</b> that federally contracted buses and ambulances for special needs evacuation are at staging area.	HHS (ESF8)	Contractor
H-66	H-58	<b>Deploy</b> contracted security personnel at Aeromedical marshalling points (AMP) and hospitals if needed.	NDMS partners	Contractor
H-60	H-60	<b>Confirm</b> that communication package for medical evacuation mission is in place.	ESF8	GOHSEP, ESF2
H-60	H-0	<b>DECISION POINT- NURSING HOMES</b> make decision to evacuate or shelter in place and execute plans	LDHH	ESF8 partners
H-50	H-50	<b>Report</b> updated hospital bed census	DRC Hospitals	DHH
H-54	H-48	<b>Confirm</b> that AMP security in place.	NDMS partners; ESF8	Contractor
H-54	H-12	<b>Event:</b> First aeromedical evacuation (point to point for OB and NICU/PICU) takes place	Private hospitals Private contracts	ESF8S
H-48	H-48	<b>Confirm</b> that all deployed federal medical personnel & resources in place & prepared to treat patients	HHS (ESF8)	DHH (ESF6S)
H-48	H-12	<b>Event:</b> First aeromedical hospital evacuation (from hospitals to AMP to FCC hospital) takes place	LDHH, NDMS partners	MMP personnel
H-20	H	<b>Report and Update</b> potential SMART SAR hospital locations to ESF 9	DRC DHH	ESF9S
H-12	H-12	<b>Event:</b> AMP's are demobilized	NDMS partners	MMP personnel
H-12	H-12	<b>Event:</b> Ambulance Staging sites demobilize and relocate to shelter from storm.	LDHH	ESF8

## II. OPERATIONS

Louisiana hospitals have been planning for patient evacuation in the event that Shelter-in-Place (SIP) is not possible. Early in response phase, hospitals evacuate their OB, NICU and Nursery units (~200 patients). This evacuation will be accomplished using private and contracted transportation resources to bring patients to pre-designated receiving facilities. The remaining patients that hospitals decide to evacuate will be moved through the sub-tasks outlined in Table 1.



Table 1 - Hospital Evacuation Subtasks

Sub-task	Agencies
A. Provide back-up to hospitals with plans, receiving facilities, and transportation to move themselves	<ul style="list-style-type: none"> <li>• Individual hospitals/DRC</li> <li>• Private ground and air ambulances companies</li> <li>• ESF 8 Federal and State</li> </ul>
B. Assist hospitals that need transportation assets to get to their pre-designated reception facility	<ul style="list-style-type: none"> <li>• Individual hospitals/DRC</li> <li>• LA DHH and DOTD</li> <li>• Private ground and air ambulances, para-transit, and coach buses</li> <li>• State/Federally contracted ambulances, para-transit, and buses (with GSA)</li> </ul>
C. Assist patient evacuation through NDMS	<ul style="list-style-type: none"> <li>• Individual hospitals/DRC</li> <li>• LA DHH</li> <li>• Federal ESF 8 and NDMS partners</li> </ul>

### Sub-task A: Provide back up for hospitals who can self-evacuate

Hospitals that have plans, receiving facilities, and transportation assets in place to self-evacuate should not need State/Federal support. However, if their contracted transportation assets are not available at the time of an evacuation, State and Federal ESF #8 partners will assist with ground transportation (see sub-task B). Support through the NDMS will also be available, in the unlikely event that planned receiving facilities cannot be utilized (see sub-task C).

### Sub-task B: Provide transportation assets to get patients to their receiving facilities

The majority of hospital patients that need assistance with evacuation transportation have pre-designated receiving facilities. However, they may need state/Federally-contracted transportation assets (ambulances, buses, para-transit/wheelchair vans) to get to these facilities. State and Federal ESF #8 partners are ready to assist in this mission, using transportation assets outlined in Logistics and Administration.

If hospitals are unable to evacuate with pre-identified assets, they will request evacuation assistance from their DRCs. Hospitals will inform the DRC on the status of their facility, the number of patients that require evacuation, the type of patient, and whether they are ambulatory or non-ambulatory. With this information, the DRC will contact EMS coordinator at State EOC to facilitate patient movement from the hospital through Staging/Dispatch Officer and DOTD MCC. The Staging/Dispatch Officer will deploy ambulances and para-transit vehicles (state and Federal) from the staging/dispatch areas. A table of transportation assets needed for this mission can be found in the Resources section.

### Sub-task C: Patient Evacuation through the NDMS

A small number of hospitals do not have agreements in place for transporting their patients in the event of an evacuation, and/or they also do not have destination hospitals willing to accept their patients. These patients will enter the NDMS.

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#### Decision to enter NDMS (H-72 to H-54)

- Hospitals will contact their Designated Regional Coordinator for Hospitals (DRC), located at local or parish EOC with evacuation requirements beyond their capabilities.
- DRC will:
  - Contact EMS Regional Coordinator or other DHH designee to the Emergency Coordination Cell at the EOC to facilitate patient movement from the hospital to the aeromedical marshalling points (see Appendix 2) for specific airport by hospital/parish)
  - Provide patient demographics for evacuation using the Patient Movement Request spreadsheet to the Global Patient Movement Requirement Center (GPMRC) and the Aeromedical Marshalling Point transport coordinator. (GPMRC is a component of the US Transportation Command, Scott AFB, IL.)
  - Forward spread sheet to State ESF #8 at the State EOC
    - Info copy to DHH EOC at Bluebonnet Facility
    - DOD Liaison team (if assigned) and to the GPMRC.
- State ESF #8/Department of Health and Hospitals will:
  - Notify GOHSEP and FEMA Region VI and Federal ESF #8 liaison of possible evacuation of medical facilities that would require NDMS activation.
  - Through GOHSEP task the LA National Guard to provide rotary wing assistance with hospital evacuation as needed
  - Task BEMS for additional ground ambulances as required to transport patients from the hospital to the airhead.
  - Forward request to Defense Coordination Officer (DCO)
- DCO will validate the request and DOD will task US TRANSCOM to execute
- GOHSEP will when notified by State ESF-8 (DHH) of need to evacuate, transmit requests for assistance to FEMA at JFO.
- FEMA will pass the request to the Defense Coordination Officer for Air Evacuation through NDMS
- The Louisiana Hospital Association will assist with information flow from hospitals via the DRC to DHH at the State Emergency Operations Center.
- GPMRC will:
  - Create a patient-bed-lift plan, matching patients' clinical needs and DHS/NDMS/Federal Coordinating Centers (FCC) beds, and regional NDMS hospital bed availability
  - Return a spreadsheet matching patients with aircraft tail numbers and destinations to:
    - DRC (who will pass it to EMS regional coordinators)
    - DOD Liaison team (if assigned),
    - Receiving FCC

#### Patient Care (H-54 to H-12)

- Hospitals will identify critical patients who are electrically or ventilator dependant or require intensive care, and will pass this information to the DRC
- DRC will pass acuity information to GPMRC
- GPMRC will assign Critical Care Air Transport Teams to manage those needing critical care.
  - Each CCATT team is comprised of an intensivist, a critical care nurse and a respiratory technician.
- The EMS Designated Regional Coordinator will request ambulances and/or buses from the Staging/Dispatch Officer who is located at the DOTD MCC and staging area. The

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Staging/Dispatcher officer will dispatch the regional assets to collect the patients from the hospitals and deliver them to the aeromedical marshalling point.

- The **Aeromedical/Marshalling Point Evacuation Officer** will notify the Staging/Dispatch Officer and the DRC of ambulance and bus arrival.
- **NDMS partners** will have in-place medical assets (CASF/DMAT) to care for patients at the AMP until they are loaded on the designated aircraft.
- The **Aeromedical evacuation (AE) crewmembers** (nurses and technicians specially trained to care for patients in-flight) will take over patient care once patients are aboard the aircraft.

Table 2: Identified Aeromedical Marshalling Points

Region Area	Region	Aeromedical Marshalling Point Location
New Orleans	I	Belle Chase Naval Air Station (NAS) Lakefront Regional Airport
Houma	III	Houma-Terrebonne Airport
Lafayette	IV	Acadiana Regional Airport
Lake Charles	V	Chennault International Airport
St Tammany	IX	Lakefront Airport (Primary) Belle Chase Naval Air Station (NAS) (Alternate)

### Arrival and Off Load (H-48 to H)

- **Military personnel** and aircraft (C-130, C-17) will transport patients to pre-designated NDMS/FCC airports of debarkation.
- The **FCC** will ensure that the patient reception area is ready to receive the aircraft and patients.
- The **FCC** will coordinate transportation for patients who are off-loaded at their destination airport to the designated FCC beds within the NDMS network.
- The **FCCs** will track patients from receiving until discharge in accordance with NDMS guidelines.

### III. PLANNING AND REPORTING

State Health Official and Federal ESF #8 partners, in conjunction with the JFO, develop incident action plans (IAP) and objectives that address numbers of institutions and patients requiring evacuation via NDMS. These are shared with FEMA, GOHSEP, and partner agencies at time of system activation.

The hospital evacuation IAP will be updated at least every four hours in order to maintain common operating picture. Updates shall include:

- Location and census of hospital patients still requiring evacuation
- Names and location of empty hospitals (as confirmed by DRC)
- Number of patients currently inbound or at AMP
- Number of patients transported to FCCs and their final destination
- Final destination hospitals of patients moved by private/hospital transport
- Location and census of hospitals that SIP

#### IV. COMMAND, CONTROL AND COMMUNICATIONS

##### *Hospital evacuation command and control*

- A Unified Medical Command will be established at the State EOC (GOHSEP) at the Transportation Branch. Representatives from State and Federal ESF #8 and DOTD liaisons will conduct operations in support of this Annex.
- Federal ESF #8 will operate at the JFO in accordance with the NRP and the JFO SOP.
- LA DOTD will establish its Movement Control Center at 1201 Capitol Access Road, Baton Rouge, 70874. A forward element will be stationed in Region 1, Zephyr Field. LA DOTD and DHH will exchange liaison officials. Federal ESF #8 will also have a liaison official at the MCC.
- The DRCs will collocate at specified Parish EOCs as identified by DHH.

##### *Hospital evacuation communications*

- Hospitals with DRC at City or Parish EOC (Telephone, 800 MHz radio)
- DRC with DRC designee(s) at airhead(s) (cellular telephone, 800 MHz radio and FAX)
- DRC with GPMRC (Telephone and FAX)
- GPMRC with Air Ops (Telephone and FAX)
- Ground Ops (if needed) to ambulances and buses (inter-operable radio, cell phone, and through agency dispatcher if within radio range of EMS home base)
- Airhead IC to Ground Ops, Air Ops, DRC Designee, Patient Care, and Logistics cells (telephone, cell phone, radios if available)
- State EOC with airhead IC (telephone, cell phone)
- Air Ops with FCC's (telephone, Cell Phone, FAX)

#### V. RESOURCES

To better determine the needs and planning assumptions, a survey was conducted by State and Federal ESF#8. The survey was conducted to better grasp the parameters of SIP and EVAC. From this data, assumptions were made for planning and resourcing operational expectations. From this data, the following resources were contracted:

##### Buses

There are State and Federal contracts in place for 1,900 coach buses to execute the special needs evacuation (400 State and 1,500 Federal). The contracting bus company estimates that 20% of these buses will have lifts or ramps, making them wheelchair accessible. In addition, these buses will have room for two residents that must ride in their wheelchairs. The number of evacuees per bus for hospital evacuations will be calculated at 20 patients per bus. This does not include staff, which may also ride on buses.

##### Para-transit

Those who need to be transported in their wheelchairs but do not need to be on a stretcher can ride in Para-transit vehicles, such as wheelchair vans (WCV). Many nursing homes have their own WCV, and use them to transport their residents for routine trips. However, if a State-assisted evacuation is needed, Federal contracted para-transit vehicles will be available. The contract will allow for 4,030 trips, and can be used for the evacuation of hospitals and nursing homes. The capacity of para-transit vehicles ranges between 6 and 20 wheelchairs.

Advanced Life Support (ALS) ambulances

The state has a pool of ~120 ambulances for special needs evacuations. These ambulances can carry two people per trip, and come with drivers and the necessary medical personnel to provide in-transit care. Federal contracts add another 488 ambulances to the pool.

## Transportation requirements:

- Total requirements for 20 Evac Tier 2 and 3 hospitals (not including SIP Tier 1)
  - 152 ALS Ambulances
  - 504 Para-transit seats
  - 20 Buses
- Total requirements for 13 Evac Tier 2 and 3 hospitals in regions 1, 3, and 9<sup>1</sup> (not including SIP Tier 1)
  - 90 ALS Ambulances
  - 297 Para-transit seats
  - 15 Buses
- Total requirements for 9 Evac Tier 3 Hospitals (not including SIP Tier 1)
  - 106 ALS Ambulances
  - 371 Para-transit seats
  - 4 Buses
- Total requirements for 11 Evac Tier 2 Hospitals (not including SIP Tier 1)
  - 46 ALS Ambulances
  - 133 Para-transit seats
  - 16 Buses

Table 3: Summary of hospital patient transportation needs by Parish for all 12-coastal parishes, and for Regions 1, 3, and 9<sup>2</sup>

Parish	Critical Care (CC)	Non-CC Non Ambulatory	Non-CC Ambulatory	Psych	Ambulance	Paratransit Seats	Buses
JEFFERSON	25	29	48	101	28	71	6
LAFOURCHE	0	7	0	0	1	6	0
ORLEANS	0	0	0	10	0	0	1
ST. MARY	0	0	0	0	0	0	0
ST. TAMMANY	18	128	22	118	31	125	7
TERREBONNE	23	64	44	9	30	95	1
<b>Totals 1, 3, and 9</b>	<b>66</b>	<b>228</b>	<b>114</b>	<b>238</b>	<b>90</b>	<b>297</b>	<b>15</b>

<sup>1</sup> A hurricane coming up Vermilion Bay is a likely scenario to use for planning purposes. It impacts the following parishes: Orleans, Jefferson, Plaquemines, Lafourche, Terrebonne, St. Tammany

<sup>2</sup> A hurricane coming up Vermilion Bay would impact the following parishes in regions 1, 3, and 9: Orleans, Jefferson, Plaquemines, Lafourche, Terrebonne, St. Tammany

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CALCASIEU	29	169	28	23	46	163	3
CAMERON	0	0	0	8	0	0	1
IBERIA	11	45	8	10	16	44	1
Total	106	442	150	279	152	504	20

There are more than 600 State and Federal ambulances, 1,900 coach buses and 4,030 para-transit trips under contract at the present time.

Gaps and Shortfalls: None

**Vehicle Staffing:**

- Advanced Life Support (ALS) ambulance: 2 paramedics or 1 paramedic and 1 EMT (driver)
- Basic Life Support (BLS) ambulance, wheelchair van, or bus: 1 EMT and 1 driver
- Additional staffing from Hospitals will augment above staffing ratios for transport when needed
- 1 ALS vehicle will accompany each Para-transit and or bus convoy in case of emergency en route.

**Equipment:**

- Standard ALS equipment for paramedic-level care will be aboard each ALS ambulance
- Standard BLS equipment will be aboard or rapidly available to each EMT on buses or wheelchair vans.

## TACTICAL OPERATIONS CENTER

### EQUIPMENT LIST

Computers (one per station)	6
Printer	1
Fax Machine	1
White Boards	2
Office Supplies	6 sets
Dry erase markers	4 sets
800/700 mhz radios	2
Weather channel access	1

# Report on HCR 197 (2008)

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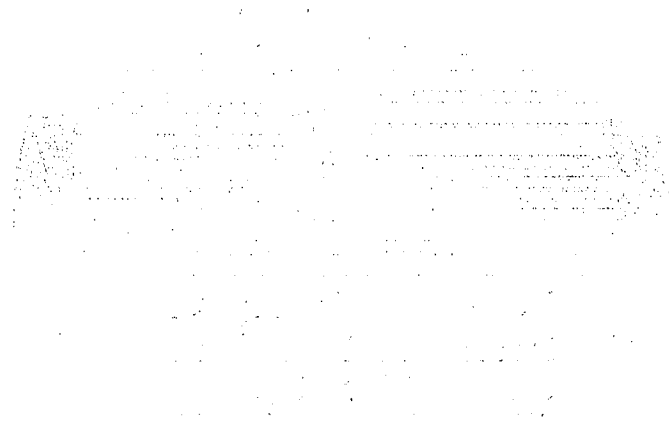
## EMERGENCY MEDICAL SERVICES CREDENTIALING AND STAGING AREA PLANS



**Louisiana Department of Health and  
Hospitals**

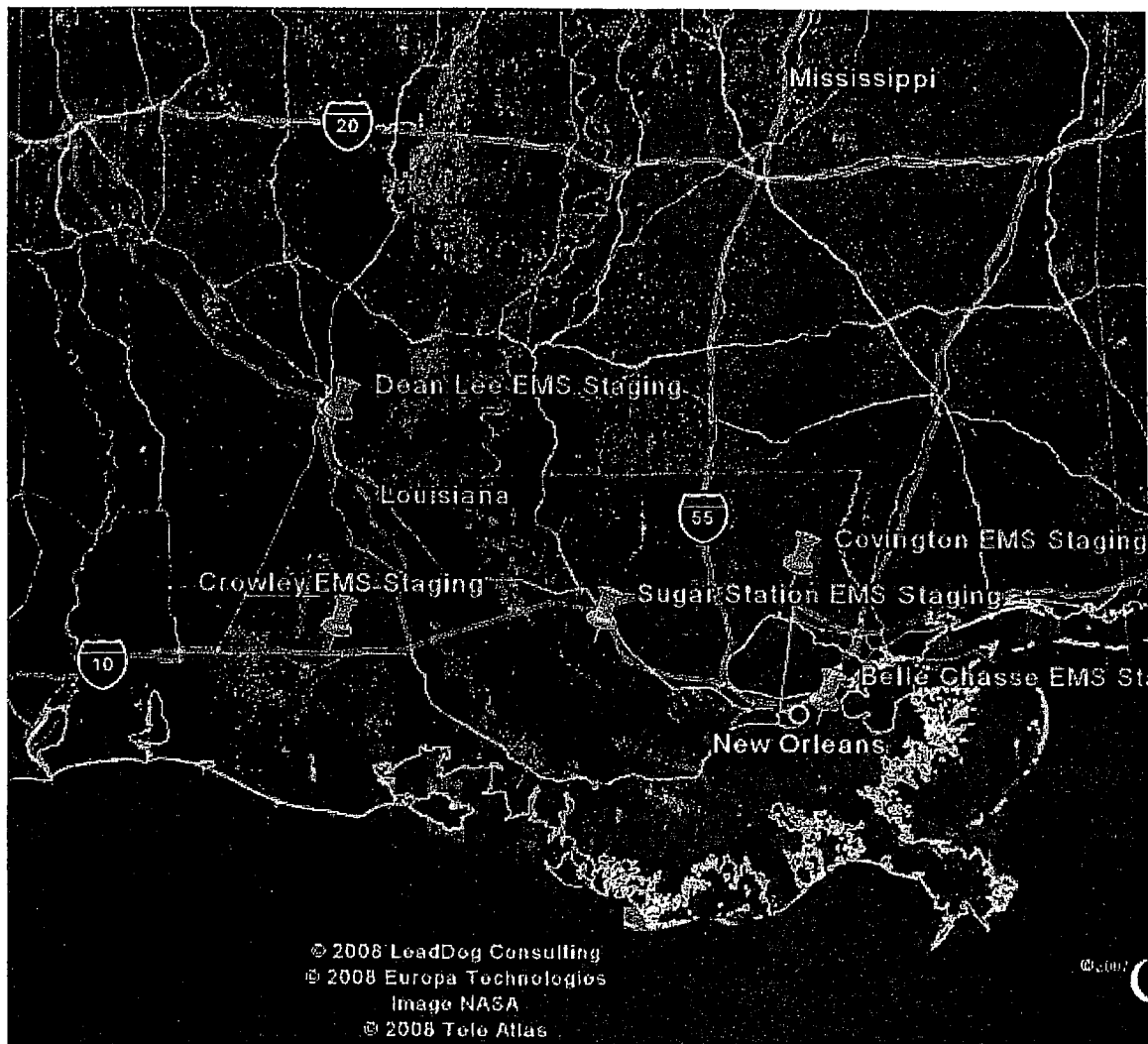
**Office of Public Health**

**Bureau of Emergency Medical Services**



**Staging Area and Credentialing Site  
Management Guidelines for Emergency  
Medical Services**

# Louisiana Staging Area and Credentialing Site Management Guidelines for Emergency Medical Services



## I. Overview

A pre-plan for large scale EMS Staging is necessary due to threats including: natural disasters, acts of terror or war including chemical, biological, explosion and nuclear attacks, and technological accidents.

## II. Purpose

This staging area management guideline defines specific, pre-identified locations that have been designated as EMS staging areas and may be activated for preplanned and emergent large scale events through the emergency management process.

## III. Mission

In accordance with the National Incident Management System (NIMS) guidelines set forth by the Secretary of Homeland Security and the concepts of the Incident Command System (ICS), these guidelines have been developed to provide a framework for the effective coordination of EMS resources..

## IV. Disclaimer

The information in this plan, and its attachments, are extremely sensitive information and should be distributed to only those individuals and agencies that are directly involved with operations in this document. This document is confidential and for official use only.

## IV. Concept of Operations

Multiple staging areas/credentialing sites for Emergency Medical Services (EMS) have been identified in Louisiana. These staging areas were selected based on size, geographic location, accessibility, security and other items. This plan is broad in scope and addresses the first operational period and it can be modified to accommodate for additional resources, multiple operational periods, and other items. EMS staging can be part of a larger staging effort, or it can be a stand alone function.

## Staging Areas

### Primary points:

Covington Fairgrounds  
1304 N Columbia Street  
Covington, LA 70433

Region IX      St Tammany Parish

Dean Lee Research Center  
8105 Tom Bowman Drive  
Alexandria, LA 71302

Region VI      Rapides Parish

Rice Research Station  
1373 Caffey Road  
Rayne, LA 70578

Region IV      Acadia Parish

Greater New Orleans Supports  
and Services Center  
aka Metropolitan Development Center  
251 Edward Hebert Blvd.  
Belle Chasse, LA 70037

Region I      Plaquemines Parish

### Secondary points:

Sugar Research Station  
5755 LSU Ag Road  
St. Gabriel, LA 70776

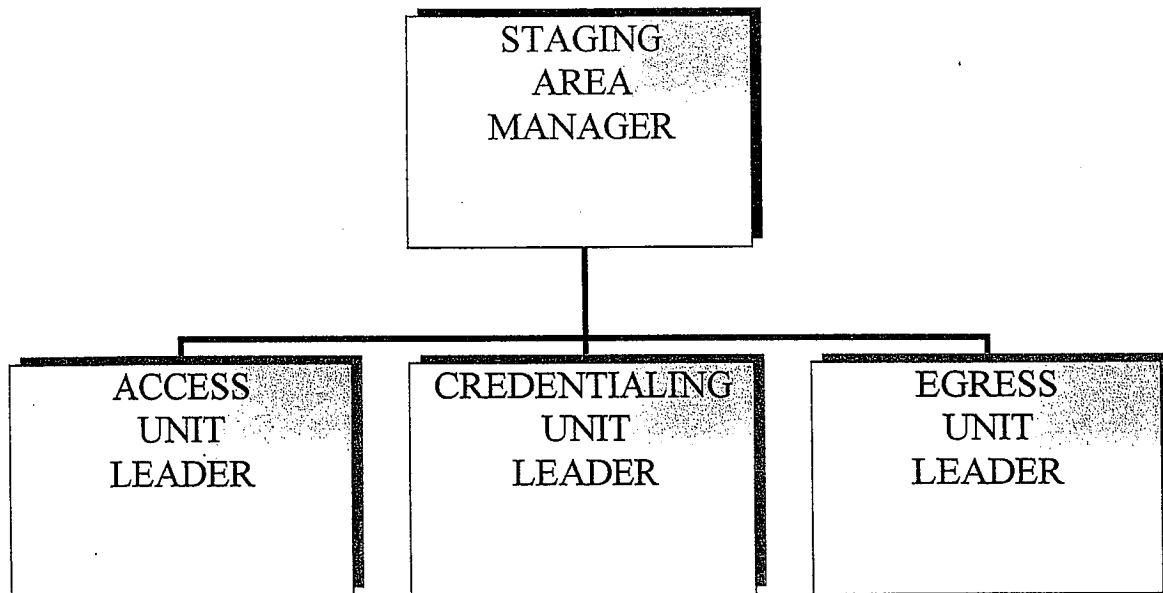
Region II      Iberville Parish

Rospine Research Station  
176 Research Station Road  
Rosepine, LA 70659

## Staging Area Management

The actual staging process is a critical function that must be carefully managed. It will provide the effective coordination of resources in any incident or exercise.

Each statewide staging area will be overseen by a Staging Area Manager and have a staging area management team. This team will consist of staff from the Bureau of Emergency Medical Services.



## **Staging Area Management Team:**

### **EMS Staging Area Manager**

This function serves to manage all activities within the EMS Staging Area. This individual's primary responsibility is to ensure the safety and security of personnel and resources operating in the area. To accomplish this, the EMS Staging Area Manager will elicit the assistance of law enforcement officials to help safeguard the location. All other responsibilities are secondary and include: ensuring unimpeded access to and egress from the area, accurately credentialing and tracking the units that are arriving and departing, coordinating and controlling the resources present at the EMS Staging Area, and providing routing instructions to the loading zone of the transport area or destination of convoys.

Providing for the unimpeded access to, egress from, and mobility of resources in the EMS Staging Area must be ensured. An efficient check-in and check-out process shall be instituted which will assist in avoiding congestion. Once a unit arrives at the EMS Staging Area, the crews should not leave their vehicles unless absolutely necessary.

The EMS Staging Area Manager is also responsible for establishing an accurate accountability system for the units checking in and out. This is a particularly important responsibility as it is both a safety/security measure as well as an operational one.

### **Credentialing Unit Leader**

The Credentialing Unit Leader at the EMS Staging Area is responsible for managing the check-in process. There are two main components of this process.

The Credentialing Unit Leader is tasked with the certifying and credentialing of arriving resources.

The Credentialing Unit Leader is also responsible for establishing an accurate inventory system for all responding personnel, units, and specialized equipment that have checked into the EMS Staging Area.

The Credentialing Unit Leader should report this information to the Tactical Operations Center. The TOC will use this data to determine the level of resources on hand and report it to the DHH EOC.

### **Set Up**

The EMS Staging Area should have easily accessible and clearly marked control points – access / ingress and egress. The egress point should be unobstructed and positioned in a way that allows for the most direct and/or least confusing route to the incident or destination. The set up can be accomplished with traffic cones, variable message signs

and/or traffic personnel. Access and egress units should be established for safety issues and traffic control.

### **Check-In Process & Accountability**

Upon arriving in the staging area, EMS units will proceed to a secured, predetermined check-in point and complete an accountability form (See Appendix A). Security and Access staff should verify the validity of EMS personnel credentials and perform a brief security sweep of the vehicle entering the area. Responders will need to provide security and access personnel photo identification, driver's license and EMS credentials. The vehicles should be verified that they were requested by the state prior to credentialing.

Depending on the size, scope and nature of the incident, credentials may need to be verified with state licensing authorities. At regular intervals, rosters of personnel and vehicles should be provided to the TOC for verification by the Bureau's office staff.

### **Assembling, Coordinating and Controlling Resources**

The arriving EMS units will be identified, typed and issued a vehicle placard. These categories shall be typed as BLS (Basic Life Support), ALS (Advanced Life Support) or some other specialty designation. After a resource has been typed, it will be provided with a placard displaying its type and its unique identifying number. The placard shall be placed in the front lower left portion of the windshield identifying the specific unit.

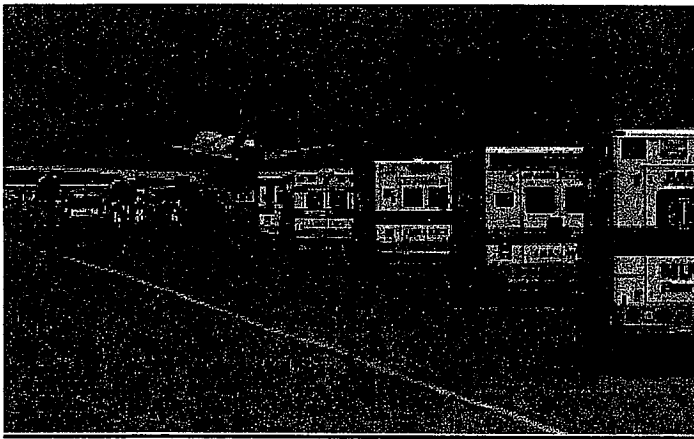
BLS and ALS units should be separated within the staging area, unless they are part of a task force or strike team. Having the different levels of care in distinct areas makes it easier to identify and mobilize the number and type of units needed.

An **Ambulance Strike Team** is a group of five ambulances of the same type with common communications and a team leader.

An **Ambulance Task Force** is any combination of ambulances, within span of control, with common communications and a leader.

An **Emergency Medical Task Force** is any combination (within span of control) of resources assembled for a medical mission, with common communications and a leader.

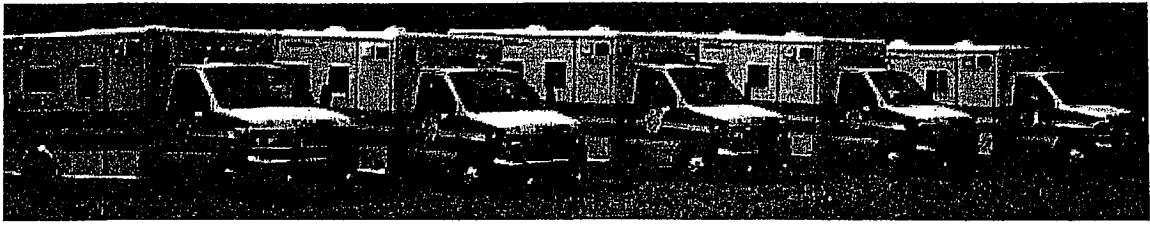
At regular intervals briefings should be held and information distributed to all responders in the staging area with additional information regarding staging area activities, safety information and any other necessary communications. The appropriate ICS forms should be used for these briefings (See Appendix B).



### **Communications Plan**

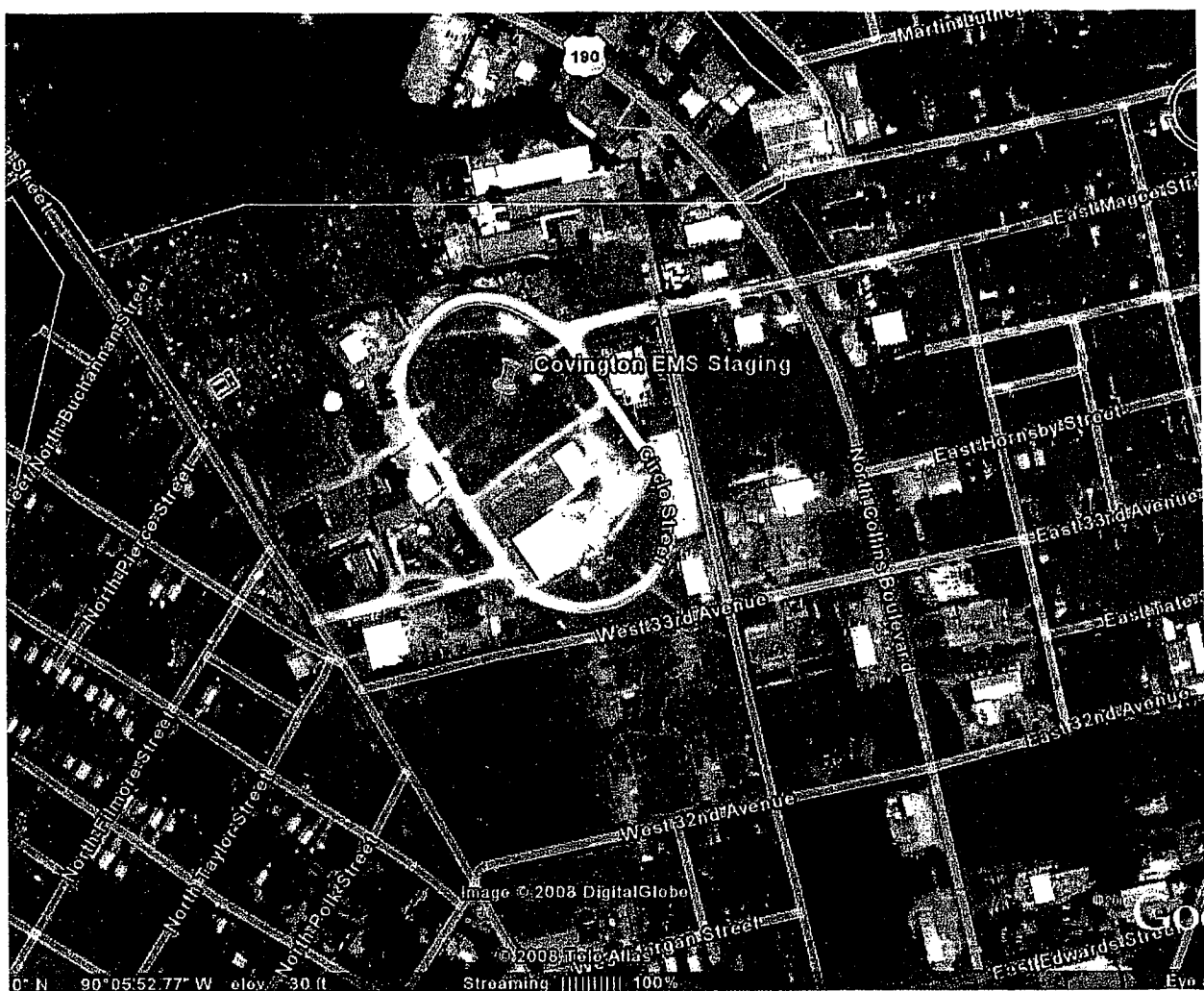
Effective communications during an event is a critical component of any plan. Staging Area Management Teams should support tactical operations on the predetermined frequencies and talk groups established in a communications plan. The communications plan shall be developed by the DHH EOC and EMS TOC or may be assigned to the Staging Area Management Team. The Staging Area Management Team should have the ability to communicate with the DHH EOC, EMS TOC, EMS DRC's and the respective ambulance team leaders.

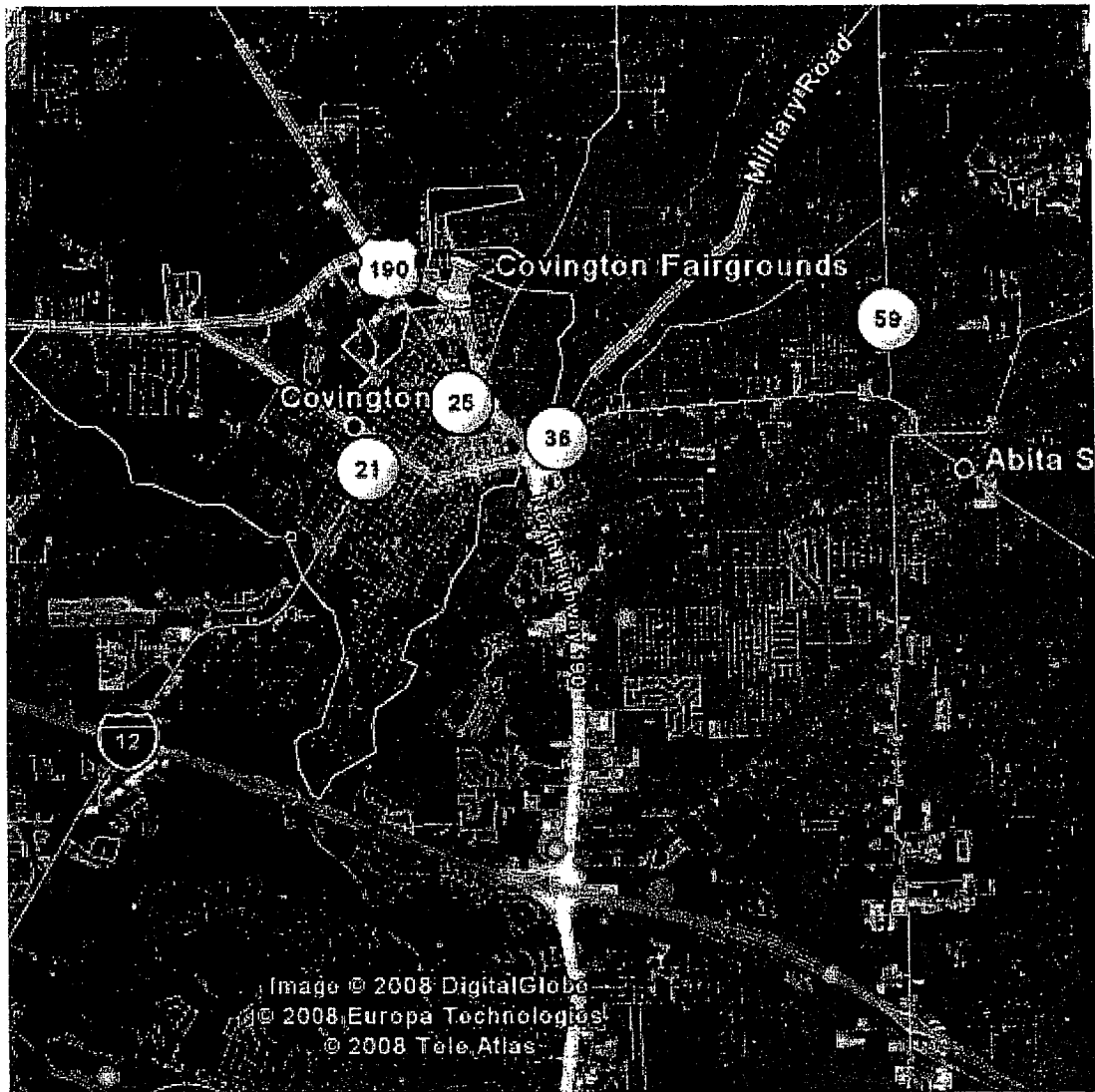




## STATEWIDE EMS STAGING AREAS

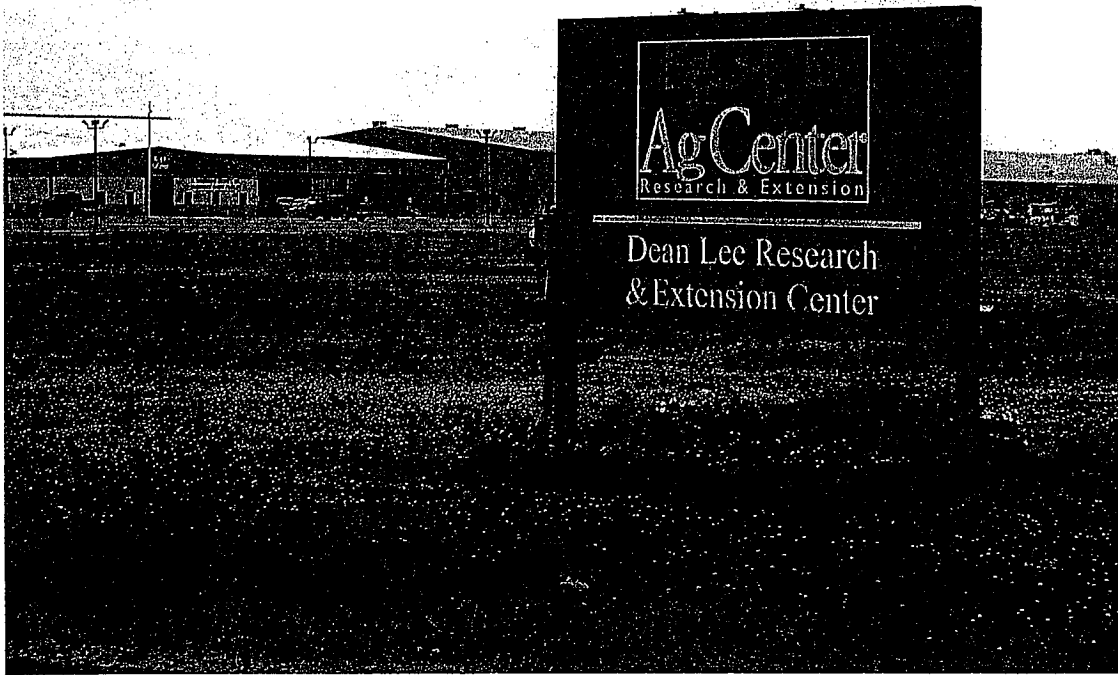
<b>Location of Staging Area</b>	Covington Fairgrounds 1304 North Columbia Street Covington, LA 70433
<b>Parish</b>	St. Tammany
<b>GPS Coordinates</b>	30.491544,-90.098101
<b>Ingress Routes</b>	<p>From the North on I-59 or from the East on I-10. Merge onto I-12 going West then take exit #63B/COVINGTON/BOGALUSA onto US-190 W. Turn Left on W MAGEE ST. Go two blocks and you will be entering the Staging area.</p> <p>From the North on I-49 or from the West on I-10. Take I-10 West towards Baton Rouge. Take LEFT exit #159 towards HAMMOND onto I-12 E. Take exit #63B/COVINGTON/BOGALUSA onto US-190 W. Merge onto US-190 going West. Turn Left on W MAGEE ST. Go two blocks and you will be entering the Staging area.</p>
<b>Egress Routes</b>	From The staging area take W. Magee to US-190. Turn Left onto US-190. Follow US-190 to I-12. From there you can take I-12 East or West. If going to New Orleans stay on US-190 to the Causeway and take the Causeway into New Orleans.
<b>Other pertinent information</b>	
<b>Activation Process</b>	DHH EOC





<b>Location of Staging Area</b>	Dean Lee Research Station 8105 Tom Bowman Drive Alexandria, LA 71302
<b>Parish</b>	Rapides
<b>GPS Coordinates</b>	31.17282,-92.414895
<b>Ingress Routes</b>	Coming from the West on I-20. Take exit #17B/ALEXANDRIA onto I-49 South toward ALEXANDRIA. Take the US-167 S/US-71 S exit onto US-71 S Go South on US-71. Just south of LSU at Alexandria you will see the LSU AG Center. You will take a Left onto Gregg Marshall Road. About 0.2 Miles you will take a Right into the Staging area.
<b>Egress Routes</b>	Exit Parking lot. Turn Left onto Gregg Marshall Road. Turn LEFT on HIGHWAY 71 S(US-71 S). Turn RIGHT on US-167. Take ramp onto I-49 S toward OPELOUSAS/Lafayette. Take I-10 East or West or continue on Highway 90 depending on your assignment
<b>Other pertinent information</b>	
<b>Activation Process</b>	DHH EOC

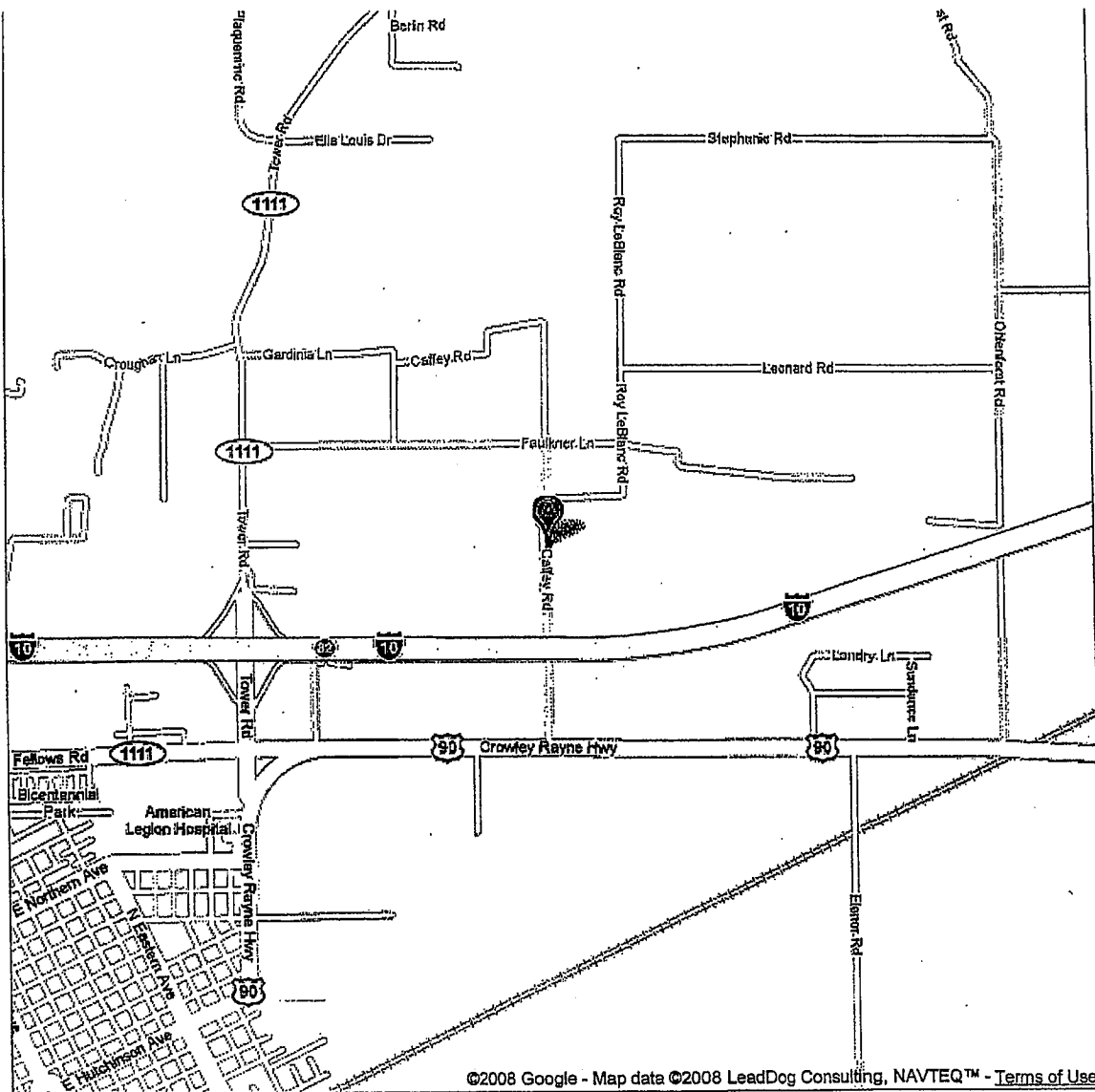




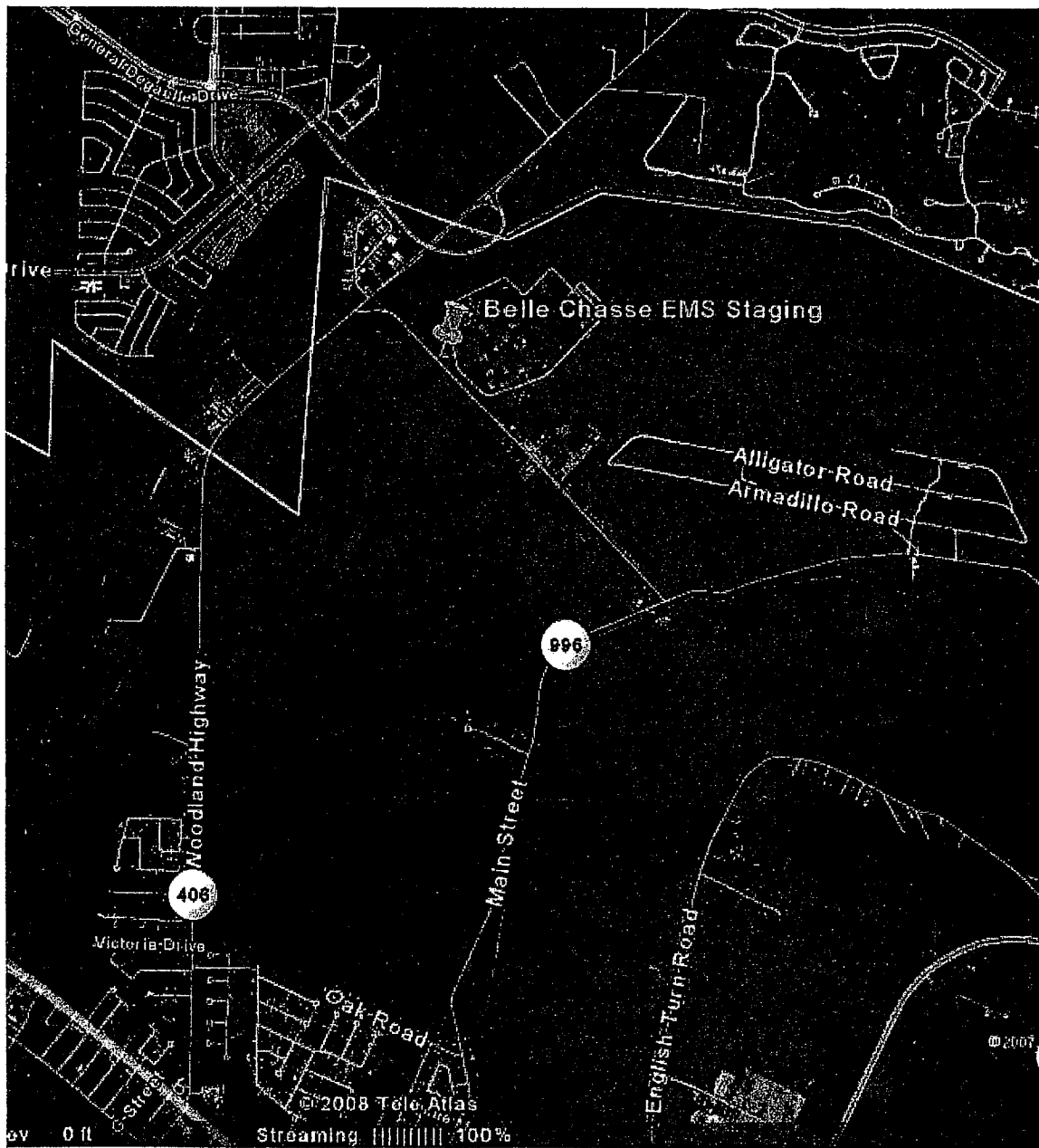


<b>Location of Staging Area</b>	Rice Research Station, 1373 Caffey Road Rayne, LA 71302
<b>Parish</b>	Acadia
<b>GPS Coordinates</b>	30.239297,-92.353732
<b>Ingress Routes</b>	Coming from the North on I-49 S. Take exit #1A/LAKE CHARLES onto I-10 W. Take exit #82/EAST CROWLEY onto TOWER RD(LA-1111). Turn RIGHT on FAULKNER LN. Turn Right onto Caffey Rd. You will see the LSU Rice Station on your Left.
<b>Egress Routes</b>	Exit the Rice Station and go North on Caffey Rd. Take a Left onto Faulkner Ln. Take a Left onto TOWER RD(LA-1111). Enter I-10 going either East or West to your assignment.
<b>Other pertinent information</b>	
<b>Activation Process</b>	DHH EOC

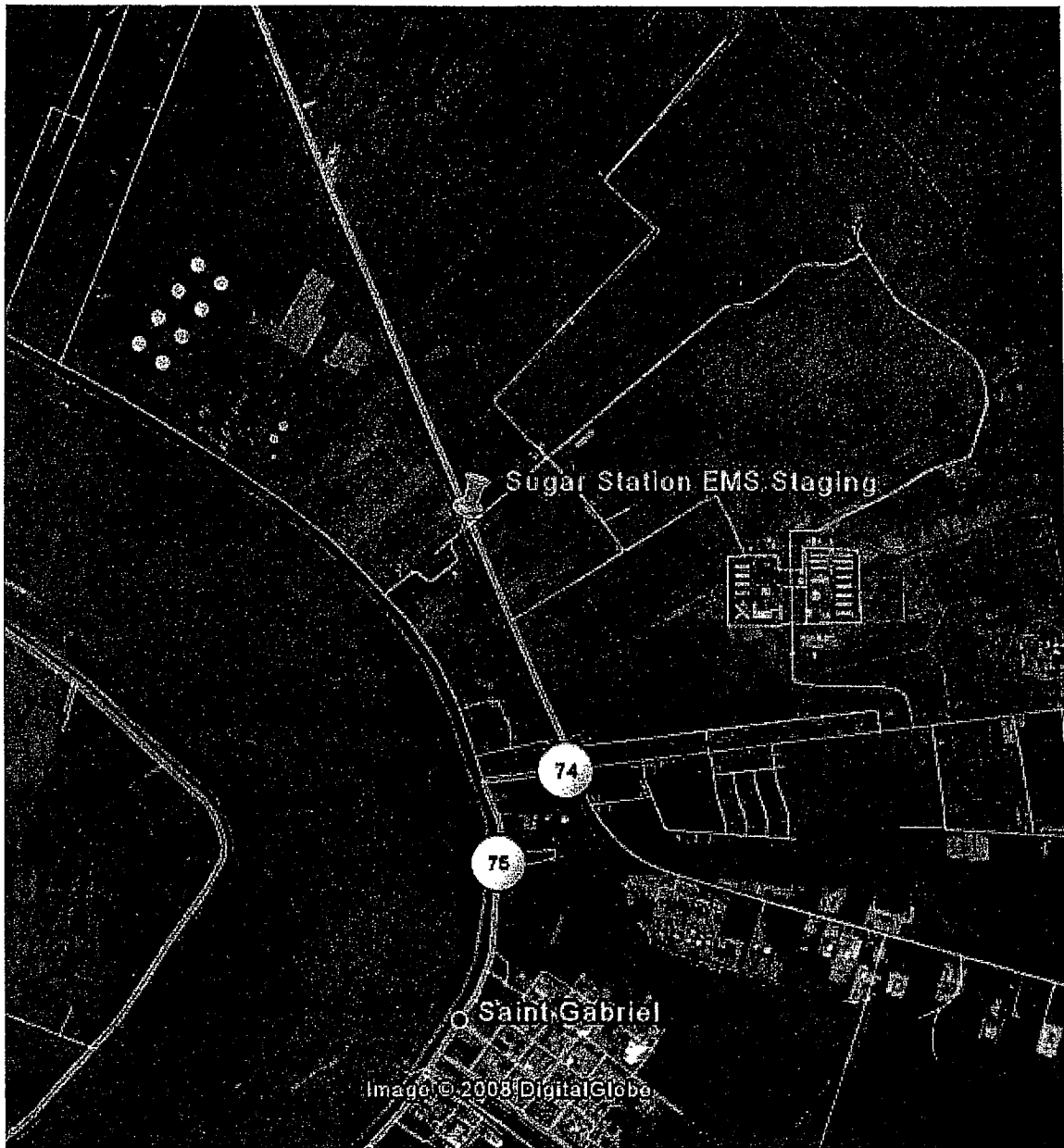




<b>Location of Staging Area</b>	Greater New Orleans Supports and Services Center AKA: Metropolitan Development Center 251 F Edward Hebert Road Belle Chasse, LA 70037
<b>Parish</b>	Plaquemines
<b>GPS Coordinates</b>	29.896757,-89.981228
<b>Ingress Routes</b>	<p>Coming in from Baton Rouge on I-10 Take <b>LEFT</b> fork onto <b>US-90-BR W</b> toward <b>US-90 BUSINESS/US-90/WESTBANK/SUPERDOME/CLAIBORNE AVE.</b> Take exit <b>#9B/GEN DE GAULLE DR</b> onto <b>GEN. DEGAULLE DR(LA-428 E)</b>. Gen. De Gaulle turns into Woodland Highway after you cross the intersection of Woodland Drive. Continue across the bridge on <b>WOODLAND HWY(LA-407 S)</b>. Turn <b>LEFT</b> on <b>WOODLAND HWY(LA-406 W)</b>. Make a Sharp <b>LEFT</b> Turn on <b>F EDWARD HEBERT BLVD</b>. Stop at the Guard Building on your left.</p> <p>Coming in from Slidell on I-10. Take <b>I-10 W</b> toward <b>NEW ORLEANS</b>. Take <b>LEFT</b> exit <b>#234C/WESTBANK/CLAIBORNE AVE</b> onto <b>US-90-BR W</b> toward <b>WESTBANK</b> Take exit <b>#9B/GEN DE GAULLE DR</b> onto <b>GEN. DEGAULLE DR(LA-428 E)</b> Gen. De Gaulle turns into Woodland Highway after you cross the intersection of Woodland Drive. Continue across the bridge on <b>WOODLAND HWY(LA-407 S)</b>. Turn <b>LEFT</b> on <b>WOODLAND HWY(LA-406 W)</b>. Make a Sharp <b>LEFT</b> Turn on <b>F EDWARD HEBERT BLVD</b>. Stop at the Guard Building on your left.</p>
<b>Egress Routes</b>	Exit the staging area by the Guard Building. Take a Left onto <b>F EDWARD HEBERT BLVD</b> . Turn <b>Right</b> onto <b>WOODLAND HWY(LA-406 E)</b> . After you pass under the bridge take a Left onto <b>WOODLAND HWY(LA-407 N)</b> . This will put you back on <b>GEN DE GAULLE DR</b> which will take you back to the <b>WESTBANK Expressway</b> .
<b>Other pertinent information</b>	
<b>Activation Process</b>	DHH EOC



<b>Location of Staging Area</b>	Sugar Research Station 5755 LSU AG Road, St. Gabriel, LA 70776
<b>Parish</b>	Iberville
<b>GPS Coordinates</b>	30.267562,-91.106207
<b>Ingress Routes</b>	Coming in from the West I-10 E. Take exit #162 Bluebonnet Blvd. LEFT on NICHOLSON DR(LA-30). Turn RIGHT on LSU AG RD.  Coming from the East take I-10 W. Take Exit #177/ST GABRIEL/GONZALES toward ST GABRIEL. Turn LEFT on W BRITTANY HWY(LA-30 W). Turn LEFT on LSU AG RD.
<b>Egress Routes</b>	<b>To go to New Orleans Exit by LSU AG Road, take a Right onto Highway 30. Take I-10 East into New Orleans.</b>  <b>To go to Baton Rouge or points west. Take LSU AG Road to Highway 30. Take a Left onto NICHOLSON DR(LA-30). Turn Right at Bluebonnet Blvd. Take a left onto I-10.</b>
<b>Other pertinent information</b>	
<b>Activation Process</b>	DHH EOC



# **APPENDIX A**

## **FORMS**

## AMBULANCE UNIT INTAKE

Date: \_\_\_\_\_ Time: \_\_\_\_\_

BEMS Number: \_\_\_\_\_ Level of Service: ALS / BLS

Service Name: \_\_\_\_\_ Service Unit Number \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

VIN  
Number: \_\_\_\_\_

Unit Cell Phone: \_\_\_\_\_

### VEHICLE EQUIPMENT:

Cardiac Monitor: Monitor Defibrillator / AED / None

Monitor Make/Serial Number:

\_\_\_\_\_

Stretcher Make/Serial Number:

\_\_\_\_\_

### VEHICLE INSURANCE:

Insurer Name: \_\_\_\_\_

Policy Number:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

LAST NAME	FIRST NAME	DOB	CERT LEVEL	CERT NUMBER	STATE

### TO BE COMPLETED BY CREDENTIALING STAFF:

STATE CONTRACT \_\_\_\_\_  
EMAC \_\_\_\_\_  
FEDERAL CONTRACT \_\_\_\_\_  
VOLUNTEER \_\_\_\_\_

Drug Box:	Y/N
Suction Unit:	Y/N
Intubation set:	Y/N
HEAR radio	Y/N
Radio Issued:	Y/N
Back Boards:	_____

## PERSONNEL REGISTRATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_ SS Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

### CERTIFICATION INFORMATION:

Certification Level \_\_\_\_\_

National Registry Number \_\_\_\_\_

State License Number \_\_\_\_\_ State: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Service Name \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**Attach a copy of the certification card, drivers license and a photo if available**



# **CREDENTIALING PROCESS**

## **I. EMS UNIT INTAKE:**

A – Verify contract status

1. State surge contract
2. Public Provider Contract
3. EMAC agreement
4. Federal ambulance contract
5. Volunteer – crewmembers must be registered with ESAR-VHP

C – Enter information in database

D – Give to crew:

1. Reimbursement packet
2. Transportation handbook
3. Demobilization information form

E – Issue placard for unit

## **II. INSTATE PERSONEL:**

A – Visually inspect National Registry and State cards

B – Verify status on the certification portal (if available)

C – Enter information in database

D – Issue credential card

## **III. OUT OF STATE PERSONNEL**

A – Visually inspect certification cards

B – Verify status with state of origin or verify pre-credentialing

1. If credentials are verified go to “C”
2. If credentials cannot be verified personnel can be assigned to non patient care roles and released for patient care once verification is obtained.

C – Issue credential card

**APPENDIX B**

**JOB ACTION SHEETS**

# EMS Staging Area Manager

Staging Area Location \_\_\_\_\_

Reports to EMS Branch Director \_\_\_\_\_

Talk group to contact EMS Branch Director \_\_\_\_\_

Phone number to contact EMS Branch Director \_\_\_\_\_

**Mission Statement: The EMS Staging Area Manager serves to manage all activities in the EMS Staging Area. The primary responsibility is to ensure the safety and security of all personnel and resources in the Staging Area. Secondary responsibilities include: ensuring unimpeded access to / egress from the Staging Area, accurately track units arriving and departing, and provide routing instructions to loading zone of the transport area or destination of convoys.**

## Job Action Sheet

### Immediate Actions:

- Receive assignment of Staging Area Manager from EMS Branch Director
- Utilize approved form of identification (vest, helmet, jacket, etc) that designates you as the Staging Area Manager
- Designate support staff as needed and distribute Job Action Sheets to them
  - Assistant Staging Area Manager
  - Credentialing Unit Leader
  - Access Unit Leader
  - Egress Unit Leader
- Establish contact with agency or entity responsibility for the site of the Staging Area
- Establish contact with local law enforcement to ensure site security for the Staging Area
- Establish contact with communication centers to notify responding units of the location of the Staging Area

### Intermediate Actions:

- Ensure unimpeded entrance and egress for arriving units.
- Direct arriving crews to stay with their vehicle
- Establish check in process to ensure all arriving personnel have proper identification and qualifications.
- Establish contact with the DHH EOC and the EMS Operations Cell.
- Provide the EMS Branch Director with regular updates on the number of resources in staging areas.

Long Term Actions:

- Monitor all personnel assigned to you and personnel as well as personnel in the staging area.
- Coordinate for personnel to transfer command at end of the Operational Period

# Credentialing Unit Leader

Staging Area Location \_\_\_\_\_

Reports to EMS Staging Area Manager \_\_\_\_\_

Talk group to contact Staging Area Manager \_\_\_\_\_

Phone number to contact Staging Area Manager \_\_\_\_\_

**Mission Statement: The Credentialing Unit Leader is responsible for ensuring that all personnel and resources have checked in. This unit is also responsible for maintaining current status of all resources.**

## Immediate Actions:

- Receive assignment from EMS Staging Area Manager
- Utilize approved form of identification (vest, helmet, jacket) that designates you as the Credentialing Unit Leader

## Intermediate Actions:

- Establish check in process to ensure all arriving personnel have proper identification and qualifications.
- Establish check in process to ensure all arriving resources have responded for an official mission.
- Identify, type and label all resources. Resources will be typed as:

BLS (Basic Life Support)

ALS (Advanced Life Support)

- Classify tactical resources as follows:

**Assigned:** Assigned resources are working on an assignment under the direction of a supervising official.

**Available:** Available resources are assembled, have been credentialed and are ready for immediate assignment.

**Out of Service:** Out of service resources are not ready for available or assigned status.

- Divide units into Strike Teams or Task Forces if needed. Assign these groups a designation

**Strike Team:** A group of five ambulances of the same type with a leader and common communications

**Task Force:** A combination of ambulances, within span of control, with common communications and a leader

**Emergency Medical Task Force:** A combination (within span of control) of resources assembled for a medical mission, with common communications and a leader.

- Establish an inventory system for all responding personnel and units.
- Provide the EMS Staging Manager with updated reports of resources and resource status as directed by the EMS Staging Manager.

#### Long Term Actions:

- Monitor all personnel assigned to you and personnel as well as personnel in the staging area.
- Coordinate for personnel to transfer command at end of the Operational Period

# Access Unit Leader

Staging Area Location \_\_\_\_\_

Reports to EMS Staging Area Manager \_\_\_\_\_

Talk group to contact Staging Area Manager \_\_\_\_\_

Phone number to contact Staging Area Manager \_\_\_\_\_

**Mission Statement: The Access Unit Leader is responsible for managing the arrival process.**

## Job Action Sheet

### Immediate Actions:

- Receive assignment from EMS Staging Area Manager
- Utilize approved form of identification (vest, helmet, jacket) that designates you as the Access Unit Leader

### Intermediate Actions:

- Ensure proper signage or other directional aids are in place to direct units to check in
- Direct arriving crewmembers to stay with their vehicle
- Distribute Incident Action Plan when available
- Assist with the credentialing process
- Assist the Credentialing Unit Leader with the resource inventory system
- Provide the Staging Area Manager with regular updates of resource levels at check in

### Long Term Actions:

- Monitor all personnel assigned to you and personnel as well as personnel in the staging area.
- Coordinate for personnel to transfer command at end of the Operational Period

# Egress Unit Leader

Staging Area Location \_\_\_\_\_

Reports to EMS Staging Area Manager \_\_\_\_\_

Talk group to contact Staging Area Manager \_\_\_\_\_

Phone number to contact Staging Area Manager \_\_\_\_\_

**Mission Statement: The Egress Crew Leader is responsible for managing the departure process.**

## Job Action Sheet

### Immediate Actions:

- Receive assignment from EMS Staging Area Manager
- Utilize approved form of identification (vest, helmet, jacket) that designates you as the Egress Unit Leader

### Intermediate Actions:

- Ensure unimpeded exit for assigned units
- Provide directions to detailed units for their assignment
- Ensure departing units are monitoring proper frequencies and talk groups utilized in their assignment
- Distribute a briefing / expectation paper to the departing units with additional information regarding response expectations (use of emergency signals, communications, directions)
- Establish check out process to track departing vehicles and personnel
- Provide the Staging Area Manager with regular updates

### Long Term Actions:

- Monitor all personnel assigned to you and personnel as well as personnel in the staging area.
- Coordinate for personnel to transfer command at end of the Operational Period



## Credentialing / Staging Area

### EQUIPMENT LIST

Computers (one per station)	2
Printers	2
Fax Machine	1
White Boards	2
Office Supplies	4sets
Dry erase markers	4 sets
800/700 mhz radios	2
Laminating machine	4
Card stock for placards	500
Office Trailer	1
Traffic cones	25



Hand Carry

August 16, 2007

Keith Phillips  
DHH Office of Public Health  
8919 World Ministry Avenue, Suite B  
Baton Rouge, LA 70810

RE: Emergency Staging Areas Cooperative Endeavor Agreement between LSU  
Agricultural Center and DHH/Office of Public

Dear Mr. Phillips:

Attached are two partially signed originals of the referenced agreement that supports emergency staging areas on LSUAC facilities. Please have your authorized official sign both originals and return one fully executed original to:

Mail: Office of Sponsored Programs  
LSU Agricultural Center  
P.O. Box 25071  
Baton Rouge, LA 70894-5071  
Attn: Contracts

Courier/  
Hand Carry: Office of Sponsored Programs  
LSU Agricultural Center  
J. Norman Efferson Hall  
Suite 104  
Corner of Parker and Highland Rd.  
Baton Rouge, LA 70803  
(225) 578-6030

Please contact Tammy Guillotte at 225-578-6452 or [tguillotte@agcenter.lsu.edu](mailto:tguillotte@agcenter.lsu.edu) if you have questions or need additional information.

Sincerely,

Lyda C. Gatewood, Director  
Offices of Sponsored Programs and Intellectual Property

Attachments

LCG:tag

OFFICE OF THE CHANCELLOR  
101 J. Norman Efferson Hall - LSU  
Baton Rouge, LA 70803  
Post Office Box 25203  
Baton Rouge, LA 70894  
(225)578-4161  
Fax: (225)578-4143  
Web site: [www.lsuagcenter.com](http://www.lsuagcenter.com)

RESEARCH  
(225)578-4181  
EXTENSION  
(225)578-4141

Accounting Services  
(225)578-4648  
(225)578-0735

Corporate Relations and  
Public Service Activities  
(225)578-4238

Facilities Planning  
(225)578-8731  
Fax: (225)578-7351

Human Resource  
Management  
(225)578-2258  
Fax: (225)578-8284

Multicultural Diversity  
(225)578-4161

Sponsored Programs  
104 J. Norman Efferson Hall  
Baton Rouge, LA 70803  
Post Office Box 25071  
Baton Rouge, LA 70894  
(225)578-6030  
Fax: (225)578-6032

Ag Leadership  
241 Knapp Hall - LSU  
Baton Rouge, LA 70803  
Post Office Box 25100  
Baton Rouge, LA 70894  
(225)578-6395  
Fax: (225)578-7569

Communications  
128 Knapp Hall - LSU  
Baton Rouge, LA 70803  
Post Office Box 25100  
Baton Rouge, LA 70894  
(225)578-2263  
Fax: (225)578-4524

Information Technology  
232 H.D. Wilson Bldg. - LSU  
Baton Rouge, LA 70803  
(225)578-6912  
Fax: (225)578-3629

Institutional Research and  
Organization Development  
115 Knapp Hall - LSU  
Baton Rouge, LA 70803  
Post Office Box 25100  
Baton Rouge, LA 70894  
(225)578-6194  
Fax: (225)578-2478

International Programs  
118 Knapp Hall - LSU  
Baton Rouge, LA 70803  
Post Office Box 16090  
Baton Rouge, LA 70893  
(225)578-6963  
Fax: (225)578-6775



Office of the Chancellor

101 J. Norman Efferson Hall - LSU  
Baton Rouge, LA 70803  
Post Office Box 25203  
Baton Rouge, LA 70894-5203  
(225) 578-4161  
Fax: (225) 578-4143

Accounting Services  
(225) 578-4648  
(225) 578-0735

Corporate Relations and  
Public Service Activities  
(225) 578-4238

Facilities Planning  
(225) 578-8731  
Fax: (225) 578-6032

Human Resource Management  
(225) 578-2258  
Fax: (225) 578-8284

Diversity  
(225) 578-4640  
Fax: (225) 578-8284

Sponsored Programs  
104 J. Norman Efferson Hall  
Baton Rouge, LA 70803  
Post Office Box 25071  
Baton Rouge, LA 70894-5071  
(225) 578-6030  
Fax: (225) 578-6032

Ag Leadership  
102 M Efferson Hall - LSU  
Post Office Box 25100  
Baton Rouge, LA 70894-5100  
(225) 578-6395  
Fax: (225) 578-4225

Communications  
128 Knapp Hall - LSU  
Baton Rouge, LA 70803  
Post Office Box 25100  
Baton Rouge, LA 70894-5100  
(225) 578-2263  
Fax: (225) 578-4524

Information Technology  
241 Knapp Hall - LSU  
Baton Rouge, LA 70803  
(225) 578-8534  
Fax: (225) 578-3629

International Programs  
International Programs Bldg.  
South Stadium Road  
Baton Rouge, LA 70803  
Post Office Box 16090  
Baton Rouge, LA 70893  
(225) 578-6963  
Fax: (225) 578-6775

For the latest  
research-based information  
on just about anything,  
visit our Web site:  
[www.lsuagcenter.com](http://www.lsuagcenter.com)

Hand Deliver

May 22, 2008

Mr. Keith Phillips, Program Manager  
DHH/Office of Public Health  
8919 World Ministry Ave., Ste. B  
Baton Rouge, LA 70810  
Phone 225-763-5724

RE: **Amendment No. 1 to Agreement between the Louisiana Department of Health and Hospitals  
and the LSU AgCenter, Administration**

Dear Mr. Phillips:

Attached are two (2) partially signed originals of the above-mentioned amendment which provides for a no cost extension through May 31, 2009 for the support of emergency staging areas on LSUAC facilities. Please have your authorized official sign both originals and return one fully executed original to:

Mail: Office of Sponsored Programs  
LSU Agricultural Center  
P.O. Box 25071  
Baton Rouge, LA 70894-5071  
Attn: Contracts

Courier: Office of Sponsored Programs  
LSU Agricultural Center  
J. Norman Efferson Hall  
Suite 104  
Corner of Parker and Highland Rd.  
Baton Rouge, LA 70803  
(225) 578-6030

By Hand: Office of Sponsored Programs  
J. Norman Efferson Hall  
Suite 104

Should you have any questions or require additional information, please feel free to contact our contracts manager, Ms. Janet Lingo, at 225-578-1395 or [jlingo@agcenter.lsu.edu](mailto:jlingo@agcenter.lsu.edu).

Sincerely,

Lyda C. Gatewood, Director  
Offices of Sponsored Programs and Intellectual Property

Attachments

LCG:jll

cc: Pending w/attachment & backup  
Reading

Amendment Number 1  
To  
Cooperative Endeavor Agreement

The Cooperative Endeavor Agreement, made and entered into on June 1, 2007 by and between the Department of Health and Hospitals of the State of Louisiana, hereinafter referred to as the "DHH", and the Board of Supervisors of Louisiana State University and A&M College represented by the LSU Agricultural Center, hereinafter referred to as University" is hereby amended as follows:

WITNESSETH:

WHEREAS, both parties wish to continue their collaboration in establishing emergency staging areas in certain areas of the state;

WHEREAS, both parties wish to extend the term of the Cooperative Endeavor Agreement;

NOW THEREFORE, by mutual consent of the parties, this agreement is hereby amended as follows:

**7. Term**

This Agreement shall begin on June 1, 2007, and shall terminate on May 31, 2009

This amendment contains or has attached hereto all revised terms and conditions agreed upon by contracting parties. All other terms and conditions remain unchanged.

IN WITNESS THEREOF, this amendment is signed and entered into on the date indicated below:

Louisiana Department of Health and Hospitals

BY: Jimmy Guidry MD 5/28/08  
Jimmy Guidry, MD Date  
State Health Officer

Louisiana State University Agricultural Center

BY: William B. Richardson 5/2/08  
William B. Richardson, Chancellor and Date  
Chalkley Family Endowed Chair

Louisiana State University System

BY: John V. Lombardi  
John V. Lombardi, President Date

# Report on HCR 197 (2008)

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## EMERGENCY MEDICAL SERVICES NETWORK

### MONTHLY MEETING MINUTES

MONTHLY EMS DRC MEETING  
January 14, 2008, 10:30 am  
Bureau of EMS  
Baton Rouge, LA

AGENDA:

1. Welcome and roll call – Fred Weaver
2. Bureau of EMS Update – Dr. Clark, Ross Pottschmidt
3. CHEMPACK update – Stacy Hall
4. Approval of the December Meeting Minutes – Fred Weaver
5. Introduction of Region 2 DRC Candidates, Mickey Hopkins and Corey Magill – Fred Weaver
6. Old Business:
  - a. Regional All Hazards Response Plans – Rob Daughdrill
  - b. Mutual Aid Plan – Alan Lambert/Fred Weaver
  - c. Louisiana EMS Network Description – Alan Lambert/Fred Weaver
  - d. Participation Based Allocation Model, point system and HHS grant rounds – Raynette Cason
  - e. DRC Backfill – Fred Weaver
  - f. Panflu Update – Alan Lambert
  - g. DRC Email Account Login – Alan Lambert
  - h. CV/Resumes for DRCs – Karla Long
  - i. Host Agency Plan – Fred Weaver
  - j. Chempack Regional Planning – Fred Weaver
  - k. DRC List on Websites – Karla Long
  - l. Provider Visits – William Clark, MD
  - m. Inventory of HRSA assets, Bureau Inventory List – Alan Lambert
  - n. Update on LRS 40 – Dr. Clark
7. New Business
  - a. Mardi Gras Planning – Fred Weaver
  - b. Bureau Issues regarding timely return of verification letters for refreshers – Fred Weaver
  - c. LLIS – Alan Lambert
8. Next Meeting Date, February, TBD – Fred Weaver

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
1. Welcome and roll call	Donna Newchurch called the meeting to order at 10:30 am.		
2. Approval of minutes.	Minutes of the January 2008 meeting were reviewed and approved.	Motion for approval made by Donnie Simon, seconded by David Marcus with all in approval.	
3. Introduction of DRC Candidates	New candidates for DRCs were introduced to the group, Mickey Hopkins for Region 2, Jacob Andries and Jeff Pogue for Region 6, and Craig Edwards for Region 7.		
4. Old Business	The DRCs asked to have time to review All Hazards Plan again.	Karla Long will email All Hazards Plan to DRCs for comments and critiques.	DRCs to bring recommendations / suggested changes to All Hazards Plan to March 17, 2008 DRC meeting.
a. Regional All Hazards Response Plans			
4 b. Mutual Aid Plan	Alan Lambert made changes to the Mutual Aid Plan. Each provider needs a mutual aid agreement(s) with surrounding providers.	One Mutual Aid Plan that all surrounding area providers sign off on would be preferable to multiple plans for between each provider.	Alan Lambert will email revised Mutual Aid Plan to the DRCs. Once the mutual aid plans are completed by the DRCs, the plans will be shared with the providers' corresponding OEPs.
4 c. HHS Grant Rounds	Raynette Cason described the HHS Rounds as an opportunity for the Bureau to speak with and answer questions from the providers. The Rounds will include a spending agreement review and 2-year Memorandum of Agreement. HHS Rounds will be conducted on an		

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
Planning	reviewed by the DRCs.		guidelines for Mark 1 use. Karla Long will distribute the CHEMPACK Plan for DRC comments.
4 j. DRC List on Websites	Donna Newchurch has placed the DRC list on the Alliance's web site, <a href="http://louisianaambulancealliance.org/">http://louisianaambulancealliance.org/</a>		Karla Long will update the DRC list to include new DRCs for placement on the Alliance website.
4 k. Provider Visits	Dr. Clark is continuing with his provider visits and recently visited providers in Region 9 which included an impromptu visit to a parish OEP.		
4 l. Inventory of HRSA Assets, Bureau and Alliance Inventory List	Karla Long reviewed the Alliance's list of assets. Ross Pottschmidt asked that the list include more details, condition of the item, functionality of the items, etc., on the assets and asked that the Alliance set a timeline for completion of the inventory.		Donna Newchurch will determine an appropriate timeline for the inventory of Alliance items. Ross Pottschmidt will share a copy of the State's damaged/lost item form.
4 m. Mardi Gras Urgent Care Clinic	Dr. Clark updated the group on the Urgent Care Clinic and shared that it was a good partnership and a good exercise for all involved. Karla Long expressed concern that there may have been food and housing issues for providers participating in the clinic.		Donna Newchurch will send Dr. Prats an email concerning any food and housing issues the providers experienced during the clinic.
4 n. Virtual Louisiana Mapping System	Tim Morrison stated that the state has paid for a list of latitude and longitude mapping of provider locations.	Tim asked for a list of current providers and it was suggested that he contact Steve Erwin for this list	
4 o. Other Old Business,	Raynette Cason explained that the	Ms. Cason suggested that in	



TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
Provider Allocation Model	<p>current Allocation Model has not yet been approved by the Advisory Council and asked that this information be kept confidential until the Advisory Council meets and approves the Allocation Model. The Advisory Council will meet again on March 3, 2008.</p> <p>Participation points are added to a provider's allocation for providing a DRC, HHS Round attendance, timely return of paperwork and Panflu meeting attendance.</p>	anticipation of the Advisory Council's approval of the Allocation Model that the providers plan ahead for spending their HHS Allocations.	
<p><b>5. New Business</b></p> <p>a. Bureau of EMS Update</p>	<p>Dr. Clark led a discussion on training accreditation. Delgado and Bossier currently have accredited training programs and LSU's small campuses are considering the addition of this curriculum. Future instructors will have to be tied to an accredited program.</p> <p>Dr. Clark envisions the new face of the Bureau to include the creation of a state patch for all EMS personnel.</p> <p>Ross Pottschmidt briefed the group on the CDC program, Operation Prepare. This drill will test the entire system down to the street level and</p>		Mr. Pottschmidt to provide the dates for this drill to the providers.

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
6. Adjournment, Next Meeting Date and Time	include radio checks. The next meeting will begin at 10:30 am.	Motion made by Donnie Simon and seconded by David Marcus with all in approval.	Karla Long will discuss the next meeting with DRC Chair, Fred Weaver, and confirm the meeting location with the DRCs and Bureau.

EMS DRC Meeting		Meeting Date: March 17, 2008
Facilitator: Fred Weaver, DRC Chair		Meeting Time: 10:30 am
Person Recording: Karla Long		Meeting Place: MedExpress, Alexandria, LA
<p><u>Present:</u></p> <p>Jacob Andries, Region 6 DRC</p> <p>Allan Bernheisel, Region 6 Backup DRC Candidate</p> <p>Joey Branton, LERN</p> <p>Raynette Cason, BEMS</p> <p>William Clark, MD, BEMS</p> <p>Chad Davis, DRC, Region 3</p> <p>Craig Edwards, Region 7 DRC</p> <p>Frank Graff III, DRC Region 1</p> <p>Alan Lambert, BEMS</p> <p>Karla Long, Admin DRC</p> <p>Mark Majors, Region 6</p> <p>David Marcus, DRC, Region 9</p> <p>Timothy Morrison, BEMS</p> <p>William Niemeck, Region 1</p> <p>Donna Newchurch, LRAA</p> <p>Lane Owers, DRC, Region 5</p> <p>Ross Pottschmidt, BEMS</p> <p>Donnie Simon, DRC, Region</p> <p>Stephen Singleton, BEMS</p> <p>Fred Weaver, DRC, Region 7</p> <p>Tracy Wold, Region 8 Backup DRC Candidate</p>		<p><u>Absent</u></p> <p>Robert Daughdril, DRC, Region 5</p> <p>Doyle Dennis, DRC, Region 3</p> <p>Jimmy Guidry, MD, DHH</p> <p>Mickey Hopkins, Region 2 DRC</p> <p>Corey Magill, Region 2 Backup DRC</p> <p>Gary Peters, DRC, Region 8</p> <p>Jeff Pogue, Region 6 DRC</p> <p>Rosaune Prats, DHH</p> <p>Steve Quebedeaux, DRC, Region 4</p>

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
1. Welcome and Roll Call	Fred Weaver called the meeting to order at 10:30 am.		
2. Approval of Minutes.	Minutes of the February 2008 meeting were reviewed and approved.	Motion for approval made by Lane Owers, seconded by Frank Graff with all in approval.	
3. Introduction of DRC Candidates	New DRCs and DRC candidates were introduced to the group, Jacob Andries, Region 6 DRC; Allan Bernheisel, candidate for Backup Region 6 DRC; Craig Edwards Region 7 Backup DRC; and Tracy Wold, candidate for Region 8 Backup DRC.		
4. Old Business	Discussion differed to the next meeting.		
a. Regional All Hazards Response Plans			
4 b. Mutual Aid Plans	Mutual Aid Plans are due from all providers that are interested in participating in HHS funds. The deadline for completion of these plans is due on the new Spending Agreement Deadline of March 31, 2008. Having these plans in place is also a requirement for FEMA reimbursement.	Fred Weaver advised that it would be best if all services checked with their legal advisors before signing off on plans.	The DRCs are to distribute Mutual Aid Plans to providers and coordinate these plans being completed in their Regions. Alan Lambert will send the DRCs a template they may use for Regional Mutual Aid Plans.
4 c. HHS Grant Rounds	Raynette Cason detailed the HHS Fund updated timeline. The Bureau plans to mail spending agreements out to providers today or tomorrow (March 17 or 18, 2008). Due on	Ross Pottschmidt explained that extensions for providers will be handles by the Bureau one at a time.	Karla Long will send the new HHS timeline to Donna Newchurch for distribution to the providers and she will add these dates to the Alliance calendar.

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	<p>March 31, 2008 are:</p> <ul style="list-style-type: none"> <li>➤ Signed Spending Agreements</li> <li>➤ Mutual Aid Agreements</li> <li>➤ Memorandum of Agreement</li> <li>➤ Proposed Budgets for Spending with details on purchases</li> </ul> <p>The timeline for spending HHS funds once HHS Fund Checks are <u>mailed</u> to providers is as follows:</p> <ul style="list-style-type: none"> <li>➤ 60 working days (excludes weekends and holidays) after HHS checks are mailed, quotes, proof of orders placed, etc. is due to the Bureau of EMS.</li> <li>➤ An additional 90 working days later (150 working days after checks are mailed); receipts for HHS purchases are due.</li> </ul>	<p>Fred Weaver suggested that the DRCs coordinate regional meetings to aid in completion of Mutual Aid Plans and Spending Agreements.</p>	
4 d. DRC Backfill	<p>Pending the approval of backup DRC candidates for Regions 6, 8 and 9, all regions except for Region 1, will be two deep.</p>		
4 e. Panflu Update	<p>Alan Lambert distributed and reviewed a "Draft of Recommended Action to Prepare EMS Providers for Pandemic Influenza by Pandemic Phase". Mr. Lambert is planning a</p>	<p>Alan asked that the DRCs come up with questions concerning Panflu.</p> <p>Donna Newchurch stated</p>	<p>Alan Lambert will email the group a web link for Panflu.</p> <p>Stephen Singleton will send the group Dr. Welsh's talking points</p>

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	workshop on Panflu and will invite Dr. Welsh to present.	that her biggest concern/question regarding EMS response to a panflu incident is who will pay the providers for this response.  Fred Weaver explained that the Feds will not respond to a Panflu event and that it will be up to the locals to respond. There will also not be any mutual aid because all areas will be spread thin.	from the Panflu Summit held at Carville last year.
4 f. DRC Email Account Login	The system has been successfully tested and Alan Lambert is ready to receive the DRCs' forwarding email addresses.	Karla Long asked the DRCs to review the DRC List and revise or approve listed email accounts for forwarding.	Karla Long will send an updated copy of the DRC list to Alan Lambert.  Alan Lambert will set up these email addresses for forwarding DRC email.
4 g. CV/Resumes for DRC's	Most resumes for DRCs, backup DRCs and DRC Candidates are in.		Ms. Long will continue to request the remaining 2 resumes needed and make a copy of all resumes for the Bureau's records.
4 h. Host Agency Plan	No discussion.		
4 i. CHEMPACK Regional Planning	There will be a statewide Chempack meeting on March 27 in Alexandria. This is also the date for a federal Chempack drill in Region 1.		Mark Majors asked that Fred Weaver forward any Chempack host site information to him.
4 j. DRC List on Websites	The DRCs reviewed and revised the		

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	DRC List to update the list currently place on the Alliance's website.		
4 k. Provider Visits	Dr. Clark, unavailable at today's meeting, will provide an update on provider visits at the April DRC Meeting and plans to have provider visits completed in April.		
4 l. Inventory of HRSA Assets, Bureau and Alliance Inventory List	Tracy Wold and Karla Long are currently working on a project to standardize equipment, radios, laptop, phones, etc., placed on the Alliance's disaster response trailers.	Ross Potts Schmidt asked for a full inventory list in progress from the Alliance.  Fred Weaver recommended that every HHS Fund receiving agency develop an inventory of items purchased through HHS funds and any other assets available for a response. This could be a project that the DRCs could initiate.	
4 m. Mardi Gras Urgent Care Clinic	Frank Graff updated the group on the Mardi Gras Urgent Care Clinic. This site helped decompress the hospitals emergency room volume during that time in New Orleans. They saw over 300 patients and 40% of the EMS volume was transported to the site for treatment. Mr. Graff noted an issue that paramedics were pulled from the EMS side of the clinic into the hospital side which increased the	After action reports should include notes alleviating lengthy ambulance offload times and address housing and meal issues.	

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	<p>offload time for patients on ambulances. This increased offload time keep some ambulances idle when they could have been responding to other calls.</p> <p>There was some confusion on housing and meals at the Clinic and many EMS workers would have been without a place to sleep if there had not been 2 of the Alliance's disaster response trailers on site. Frank Graff explained that the hospitals knew of the housing issues but ran out of room.</p>		
4 n. Virtual Louisiana Mapping System	Karla Long received a zip file from Steve Erwin that should have the information needed for virtual mapping of EMS provider locations.		<p>Ms. Long will send this zip file to Alan Lambert.</p> <p>Mr. Lambert will work to open the file and Tim Morrison will send it on to the virtual mapping people.</p>
4 o. Other Old Business	Tracy Wold led a discussion on the Alliance's/provider response to the Jena disturbance. The parish did request assistance for this event and after the fact, GOHSEP denied payment. Mark Majors, who also responded for support in Jena, that this event came up quickly and grew beyond expectations as events often		



TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
<p><b>5. New Business</b></p> <p>a. Audio Visual Workgroup/ HHS Funds to Purchase</p>	<p>do in the real world.</p> <p>The Alliance was given 3 days to come up with a project to expend \$188,000 in unspent HHS 06/07 funds. After 2 DRC conference calls to discuss the best use of these funds, the DRC asked the HHS Advisory Committee to approve the purchase of video conferencing systems to add to the Alliance's 5 disaster response trailers. The Advisory Committee voted not to approve this expense last week and asked that the DRCs provide further justification for the conferencing systems or develop another plan.</p>	<p>Frank Graff recommended that the Alliance look into purchasing a stand alone satellite communication until with some of the funds.</p> <p>Tracy Wold, representing Region 8, asked the group to consider a radio cache with the funds because communication during an event is always an issue.</p> <p>The previous recommendation to distribute the funds to the Louisiana Ambulance Alliance and purchase and install complete multimedia systems compatible with existing satellite communications currently installed on the Alliance's disaster command trailers was withdrawn in a motion by Lane Owers and seconded by Frank Graff III.</p> <p>The recommendation by the DRCs is to distribute the</p>	<p>Donna Newchurch will present the DRC's plan to purchase a radio cache for approval to the HHS Advisory Committee.</p> <p>Ms. Long will put an item on the April DRC Agenda to determine the distribution of radios if approved for purchase with these funds. Also added to every DRC Meeting Agenda will be a "Parking Lot" for suggestions, etc.</p>

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
5 c. Louisiana Ambulance Alliance Update	<p>Donna Newchurch updated the group on upcoming events hosted by the Louisiana Ambulance Alliance. The Alliance is coordinating an EMS Southern Regional Conference May 8 &amp; 9 in Blioxi, MS. This event will include an administrative tract and Strike Team Leadership tract. Ms. Newchurch has secured HHS funds for all DRC and Backup DRCs to participate in Strike Team Leadership free of charge. This includes registration fees, lodging, mileage and meals.</p> <p>Other Alliance dates are:</p> <ul style="list-style-type: none"> <li>➤ May EMS Week at the Capitol, May 19-23</li> <li>➤ Summit to discuss EMS workforce issues, July, 2008</li> </ul>	The DRCs were asked to make plans to attend the EMS Southern Regional Conference.	
5 d. LPHA Conference	<p>The Louisiana Public Health Association (LPHA) Annual Conference will be held on Wednesday, April 16 at the Holiday Inn Select, Baton Rouge. Ross Potts Schmidt asked the DRCs to consider holding the April DRC meeting in conjunction with the LPHA meeting. This meeting would begin at 8:30 and a state rate has been secured for the group at the hotel.</p>	<p>Motion to host the DRC Meeting in conjunction with the LPHA meeting moved by Frank Graff and seconded by Lane Owers.</p>	<p>Ross Potts Schmidt asked the DRCs to give their input on the LPHA Meeting and Agenda to him by Monday, March 24, 2008.</p>
5 e. Operation Prepare	Operation Prepare event dates and		

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	<p>timeline are:</p> <ul style="list-style-type: none"> <li>➤ Region 1 – TBA</li> <li>➤ Region 2 – TBA</li> <li>➤ Region 3 – 3/29/08, Health Fair</li> <li>➤ Region 4 – 4/11/08, health fair &amp; walkthrough</li> <li>➤ Region 5 – 4/4/08, part of SNAP, walkthrough</li> <li>➤ Region 6 – 4/11/08, health fair, community walkthrough</li> <li>➤ Region 7 – 4/10/08, health fair &amp; walkthrough, 1 urban, Bossier City &amp; 1 rural, Grant</li> <li>➤ Region 8 – 4/5/08. neighborhood walkthrough</li> <li>➤ Region 9 – 4/10/08, health fair &amp; Council on Aging lunch</li> </ul> <p>Operation Prepare will give all medical services an opportunity to test plans.</p>		
5 f. Other New Business	<p>Donnie Simon asked for an Emergency Packet from the Bureau that would contain phone and fax numbers for DHH and the EOC, and ICS Forms. The packet would contain hard copies and a CD of this information.</p>		<p>For the next meeting Ross Pottschmidt will have the Bureau will put the recommended packets together for the DRCs. In addition, Alan Lambert will include an emergency flow chart in these packets.</p>

EMS 1 Monthly Meeting  
April 16, 2008

EMS DRC Meeting		Meeting Date: April 16, 2008
Facilitator: Fred Weaver, DRC Chair		Meeting Time: 8:30 am
Person Recording: Karla Long		Meeting Place: Holiday Inn Select, Baton Rouge, LA
<p><u>Present:</u></p> <p>Jeff Akes, Caddo Fire District #1</p> <p>Joey Branton, LERN</p> <p>Raynette Cason, BEMS</p> <p>Alan Chandler, LaSalle Parish Ambulance</p> <p>William Clark, MD, BEMS</p> <p>Patsy Covington, BEMS</p> <p>Robert Crowe, Alternate DRC Candidate, Region 9</p> <p>Robert Daughdril, DRC, Region 5</p> <p>Chad Davis, DRC, Region 3</p> <p>Craig Edwards, Alternate DRC, Region 7</p> <p>Rebecca Harris, BEMS</p> <p>Mickey Hopkins, Region 2 DRC</p> <p>Debbie Huffman, BEMS</p> <p>Alan Lambert, BEMS</p> <p>Karla Long, Admin DRC</p> <p>Stephanie Maiden, BEMS</p> <p>David Marcus, DRC, Region 9</p> <p>Timothy Morrison, BEMS</p> <p>William Niemeck, New Orleans EMS</p> <p>Donna Newchurch, Louisiana Ambulance Alliance</p> <p>Jacob Oberman, New Orleans EMS</p> <p>Adam Oliver, North Caddo Medical Center EMS</p> <p>Lane Owers, DRC, Region 5</p> <p>Gary Peters, DRC, Region 8</p> <p>Ross Pottschmidt, BEMS</p> <p>Ken Rousseau, St. Charles Hospital EMS</p> <p>Donnie Simon, DRC, Region</p> <p>Stephen Singleton, BEMS</p> <p>Fred Weaver, DRC, Region 7</p> <p>Tracy Wold, Alternate DRC Candidate, Region</p>		<p><u>Absent</u></p> <p>Jacob Andries, Region 6 DRC</p> <p>Frank Graff III, DRC Region 1</p> <p>Corey Magill, Region 2 Alternate DRC</p> <p>Jeff Pogue, Region 6 DRC</p> <p>Steve Quebedeaux, DRC, Region 4</p>

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
1. Welcome and Roll Call	Fred Weaver called the meeting to order at 8:30 am.		
2. Approval of Minutes.	Minutes of the March 2008 meeting were reviewed and approved.	Motion for approval made by Lane Owers, seconded by Chad Davis with all in approval.	
3. Introductions	Ross Potts Schmidt introduced Bureau of EMS employees: Patsy Covington, Rebecca Harris, Debbie Huffman and Stephanie Maiden.		
4. Old Business a. HHS Spending Agreements & Timeline	<p>Raynette Cason shared with the group that amended spending agreements will go out to the providers this week. Increases for providers went from \$1,400 to \$4,500 with the average being approximately \$2,800.</p> <p>Ms. Cason expressed concern that the Alliance disseminated dates and timelines to the providers specific to distribution of HHS funds and documents and that she has received many phone calls from the providers concerning that disseminated timeline. Ms. Long stated that the information shared by the Alliance was the same information Ms. Cason presented at the March 17 DRC Meeting and that it was agreed upon by all parties present that the Alliance would get this information out to the providers via the Alliance Weekly.</p>	<p>Mr. Potts Schmidt asked that the DRCs not distribute the new HHS Timeline until further word from the Bureau.</p> <p>Once the Bureau has a confirmed timeline, Raynette Cason will send Karla Long a memo detailing the timeline and Ms. Long will then distribute to the DRCs.</p>	

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	<p>The tentative new HHS Spending Agreement timeline is:</p> <ul style="list-style-type: none"> <li>➤ May 2 – Deadline for providers to return signed Spending Agreements to the Bureau.</li> <li>➤ August 15 – Deadline to submit quotes, proof of orders placed, purchase orders etc. is due to the Bureau of EMS.</li> <li>➤ December 19 – deadline for all spending, receipts, proof of spending for HHS purchases are due to the Bureau.</li> </ul> <p>Fred Weaver asked if any of the incorrect data listed on the Allocation Model would be corrected since the Bureau is sending out amended Spending Agreements and Ms. Cason stated that no allocation data has been changed.</p> <p>David Marcus asked if all providers will need to redo their Spending Agreements already submitted to the Bureau. Mr. Pottschmidt stated that the providers would only need to update their spending agreements to include spending for the amended amounts.</p>		

April 16, 2008

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	<p>Fred Weaver explained that leftover HHS funds could go back to the providers but the turnaround time for purchases is very short. Ms. Newchurch stated that the \$188,000 approved for the Alliance to purchase new radios will be for all providers to use.</p> <p>Meeting participants questioned the 20% Administrative Fee for the HHS Grant and Mr. Potts Schmidt explained that \$150,000 of that fee goes to the Bureau (1.8 million total to DHH) and that these dollars are needed to pay staff that works with the HHS Grant.</p>	<p>Donna Newchurch suggested that the DRCs set a few hours aside at a future DRC Meeting to determine how to best deploy these new assets (radios).</p>	<p>The DRCs were asked to do an assessment of radio needs in their regions to determine provider needs.</p>
4 b. DRC Backfill	<p>Ms. Newchurch reviewed the process for electing new EMS DRC:</p> <ul style="list-style-type: none"> <li>➤ DRC candidates are nominated by the current DRC in that region, other DRCs and providers in the region.</li> <li>➤ Candidates submit resumes for approval to the DRCs</li> <li>➤ Resumes for approved candidates are then sent to Dr. Clark for final approval.</li> </ul>	<p>Fred Weaver asked the DRCs to consider the number of actual DRCs per Region that are needed. Before the changes to the Allocation Model that gives additional funds to the providers with a DRC, recruiting new and alternate DRCs was very difficult. Now, many providers are asking to fill DRC positions. Mr. Weaver's fear is that these individuals may want to become a DRC for the wrong reasons.</p>	

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
4 c. Panflu Update	<p>Alan Lambert reviewed the Draft of the EMS Pandemic Influenza Guidelines with the DRCs. The document presented is from the CDC and Doyle Dennis and Alan Lambert have worked on the document to tailor it to our state.</p> <p>Ms. Newchurch stated that she submitted Panflu questions to the Bureau as requested for Dr. Welsh to answer during his presentation. Mr. Pottschrnmidt stated the questions had been sent forward to Dr. Welsh and that answers to those items within Dr. Welsh's authority would be presented at the next DRC meeting.</p>	<p>Recommendations for identifying new DRCs differed to the next DRC Meeting.</p> <p>Mr. Weaver asked what the Bureau's expectations were for DRC input into the Panflu plan and Mr. Pottschrnmidt answered that he would like DRC input and guidance on all sections of the plan.</p> <p>Ms. Newchurch suggested that after the DRCs do their homework, a COOP meeting would be time well spent and the DRCs could leave the meeting with a tangible product.</p>	<p>Mr. Pottschrnmidt said that the Bureau would get back with Ms. Newchurch by the next DRC Meeting on her submitted questions and they were under time constraints that prevented them from answering her at this meeting.</p> <p>Fred Weaver and Karla Long will divide the plan up by sections and assign sections to the DRCs. The timeline for the DRCs for their input in the plan is:</p> <ul style="list-style-type: none"> <li>➤ April 21 – Section assignments due to DRCs.</li> <li>➤ May 12 – DRC input due from DRCs the plan.</li> </ul>
4 d. DRC Email Account Login	Mr. Lambert stated that the person that was to test the system has resigned from their position and differed this discussion to the May DRC Meeting.		
4 e. Inventory of HHS Assets, Bureau and Alliance Inventory Lists	Tracy Wold and Karla Long are working on a standard list of Alliance assets to be kept on the disaster command trailers. Ms. Long will be conducting visits next week to		



TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	continue Alliance assets inventory. Discussion differed to the next DRC Meeting.		Ross Potts Schmidt will have Emergency Packet information on disk for the DRCs at the May Meeting.
4 f. DRC Emergency Packet from the Bureau			
4 g. DRC Information Distribution	The DRCs have been receiving numerous emails on the same topic from multiple sources and expressed a need to reduce the amount of these emails. It was determined that Karla Long would be the original dissemination point for the DRCs and that Mr. Potts Schmidt will continue to send out the information as a redundancy/safeguard.	Ms. Newchurch asked that when the Bureau forwards emails from Dr. Prats that they simply forward on these emails and not change any of the content/text in these forwards.	Karla Long will act as the DRC point of contact and receive and then distribute appropriate emails to the DRCs.  Mr. Potts Schmidt will also continue to send out emails from Dr. Prats directly to the DRCs as directed to him by Dr. Prats.
4 h. Other Old Business	No discussion.		
5 New Business			
a. Bureau of EMS Update, Provider Visits	Dr. Clark is continuing to conduct site visits and he will complete these visits soon when traveling to the Northeast portion of the state.  Dr. Clark outlined the changes with the National Registry to phase out refreshers with CE courses. CEU hours are awarded based on the academic content of the course.	Mr. Potts Schmidt has tasked Alan Lambert with CEU coordination at the Bureau.	For the next meeting, the language for "Provider Visits" will be changed to "EMS Site Visits".
5 b. Louisiana Ambulance Alliance Update	Ms. Newchurch has been working at the national level on increased reimbursement for rural providers with a specific request of a 5% add on for rural transports – the fiscal score determined by the Congressional Budget Office is 176 million for the	Ms. Newchurch suggested changing the May DRC meeting to May 20 <sup>th</sup> and hold the meeting before the Legislative Luncheon.  Gary Peters stressed the	

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TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	<p>add on.</p> <p>Ms. Newchurch stated that she and the Board had met with new DHH Sec. Levine and his staff with much discussion on the EMS system and opportunities for improvement. She also reported that the Alliance has been meeting with Louisiana Director of Medicaid, Jerry Phillips, specific to reimbursement for SCTs, as well as developing strategies to address the rising cost of diesel. At the LA State Capital, the Alliance is working to establish equality of EMS within the current healthcare environment and other issues that affect the industry including med mal, worker's compensation and liability incurred during provision of services in a time of emergency.</p> <p>EMS week at the State Capitol will begin the week of May 19 and the Alliance will host a Legislative Luncheon on Tuesday, May 20<sup>th</sup>.</p>	<p>importance of developing/continuing relationships with their Region's legislators to call on them when their support is needed.</p>	
c. Other New Business	No discussion.		
6. Next Meeting Date	<p>The next meeting will be moved from the 19<sup>th</sup> to the 20<sup>th</sup> of May to hold before the Alliance's Legislative Luncheon at the Pentagon Barracks next to the State Capitol.</p> <p>There being no other business, the</p>	<p>Motion to move the meeting to the 20<sup>th</sup> and adjourn the meeting made by Donnie Simon, seconded by Lane Owers, with all in approval.</p> <p>Motion by Chad Davis,</p>	

April 16, 2008

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	meeting was adjourned.	second by Gary Peters to adjourn. All in favor. Motion carried.	

<b>EMS DRC Meeting</b>	
Facilitator: Fred Weaver, DRC Chair	Meeting Date: May 20, 2008
Person Recording: Karla Long	Meeting Time: 8:30 am
	Meeting Place: Lieutenant Governor, Mitch Landrieu's Pentagon Barracks Apartment, Baton Rouge, LA
<u>Present:</u> Alan Chandler, LaSalle Parish Ambulance Robert Daughdril, DRC, Region 5 Chad Davis, DRC, Region 3 Craig Edwards, Alternate DRC, Region 7 Paul Fuselier, Acadian Ambulance Mickey Hopkins, Region 2 DRC Chryal Honore, Region 2 Alternate DRC Frank Jordan, Region 9 Alternate DRC Alan Lambert, BEMS Karla Long, Admin DRC Corey Magill, Region 2 Alternate DRC David Marcus, DRC, Region 9 Timothy Morrison, BEMS Donna Newchurch, Louisiana Ambulance Alliance Lane Owers, DRC, Region 5 Gary Peters, DRC, Region 8 Ross Pottschmidt, BEMS Ken Rousseau, St. Charles Hospital EMS Donnie Simon, DRC, Region Stephen Singleton, BEMS Fred Weaver, DRC, Region 7 Tracy Wold, Alternate DRC Candidate, Region	<u>Absent</u> Jacob Andries, Region 6 DRC Raynette Cason, BEMS William Clark, MD, BEMS Frank Graff III, DRC Region 1 Jeff Pogue, Region 6 DRC Steve Quebedeaux, DRC, Region 4

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
1. Welcome and Roll Call	Fred Weaver called the meeting to order at 8:30 am.		
2. Approval of Minutes.	Minutes of the April 2008 meeting were reviewed and approved.	Motion for approval made by David Marcus, seconded by	

May 20, 2008

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
		Gary Peters with all in approval.	
3. Introductions	DRC Chair, Fred Weaver, introduced newly appointed DRCs, Chryal Honore, Region 2 Alternate, and Frank Jordan, Region 9 Alternate.		
4. Old Business	Rob Daughdrill suggested that every region should be working on its All Hazards Plans.		
a. Regional All Hazards Response Plans			
4 b. Mutual Aid Plans	Alan Lambert shared that all providers' Mutual Aid Plans were complete and received by the Bureau.		
4 c. HHS Grant Timeline	Stephen Singleton explained that the HHS spending timeline is contingent on the issue date of checks cut from the LHA (Louisiana Hospital Association). No hospital funds have yet been released and once the checks are issued, then the HHS spending timeline will be confirmed.		
4 d. DRC Backfill	Fred Weaver explained the need for DRC guidelines/policy to define appropriate DRC backfill numbers, DRC training requirements such as incident command training, meeting/function attendance requirements, etc.  Frank Jordan stressed the importance of communicating will all agencies in a region when there are DRC openings for their input in the process and to ensure that appointed DRCs are	Mr. Weaver suggested the DRCs conduct strategic planning to define guidelines and written policy for DRCs.  Motion to conduct this all-day strategic planning in Alexandria on Tuesday, June 17, beginning at 9 a.m., was made by Gary Peters, seconded by Donnie Simon with all in approval.	Mr. Pottschmidt stated that Dr. Clark would take the lead for developing a 1 <sup>st</sup> draft of the Bureau's suggested guidelines for the DRC process.  DRCs will develop a list of contacts with providers in their regions and send DRC updates after DRC meetings and happenings. Karla Long will assist the DRCs as needed with

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	people that all the providers in that region will want to work with.		this process.  Karla Long will coordinate the strategic planning location and the Alliance will secure the meeting facilitator and set the planning agenda with the DRCs.
4 e. Panflu Update	As determined in the April 2008 DRC Meeting: Fred Weaver divided the Panflu Plan up by region for the DRCs to review and provide their input; most of the DRCs completed their homework and Doyle Dennis also provided valuable input into the plan; and Ms. Long forwarded the responses to Alan Lambert for the Bureau to disseminate.	Mr. Pottschmidt insisted that Ms. Long also send him all DRC Panflu Plan responses.	DRC that have not reviewed their assigned sections do so by May 28, and return their responses to Ms. Long for her to send to the Bureau.
4 f. DRC Email Account Login	Mr. Lambert is still waiting for the new IT person to be in place to assist with this process. Mr. Singleton suggested a tabletop exercise to test the DRC email system.		
4 g. Host Agency Plan	No discussion.		
4 h. Chempack Regional Planning	Chempack planning is almost finalized. New "buffer kits" have been added to react to smaller incidents. The state plan will be a good basis to use a template for regional plans.		
4 i. DRC List on Websites	Ms. Long has been keeping the DRC list updated and on the Alliance website: <a href="http://louisianaambulancealliance.org/">http://louisianaambulancealliance.org/</a> under the "DRC" tab.		

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
4 j. Inventory of HHS Assets	Ms. Long continues to gather information needed to complete the review of the Alliance's assets.  There were no updates from the Bureau concerning the provider HHS asset inventory.	To determine assets for each region, it was suggested that a "Region" column be added to the Alliance's asset database.  Guidelines/protocols for distribution of Alliance assets will be included in the agenda for the strategic planning in June.	Ms. Long will add a "Region" column to the Asset database.
4 l. DRC Emergency Packet from the Bureau	Mr. Pottschrnmidt has completed a draft of the DRC Emergency Packet for review. This packet does not contain a patient care run report.		Mr. Weaver will first review the packet and then send it on to all DRCs for review.
4 m. Other Old Business, Radios	Mr. Peters led a discussion on radios and radio programming.	Mr. Daughdril suggested a designated EMS channel and Mr. Peters added that radios that are to be programmed include the 700 talk group for communication with the northern part of the state.	Mr. Pottschrnmidt will get back with the DRCs on this request and Mr. Lambert will begin working on this issue on May 21.
5. New Business a. Bureau of EMS Update, Provider Visits	Mr. Pottschrnmidt stated that the DHH Assistant Secretary has approved the new EMS Task Force and Mr. Wold will represent the Alliance on the task force.		
5 b. Louisiana Ambulance Alliance Update	Ms. Newchurch shared that the Alliance has been working hard to foster recognition of EMS as vital to the healthcare industry in Louisiana.  Work at the session has been focused		

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	<p>on inclusion of ambulance providers and the Alliance in legislation. Our largest concern at this point are the proposed cuts to the Medicaid budget - any cuts to the healthcare system have a downward spiral effect. Cuts to primary and preventive care often result in poor health outcomes and force people into emergency rooms or into the EMS system.</p> <p>Mr. Wold added that the Alliance is seeking some temporary relief to help with fuel prices from allocating some surplus funds and a Medicare/Medicare fuel surcharge.</p>		
5 c. DRC Strategic Planning	Covered under items 4 d. and 4 k.		
5 d. Other New Business, Train Derailment, Saturday, May 17, Lafayette, LA	<p>Mr. Simon updated the group on the Lafayette train derailment occurring at approximately 1 a.m. Saturday morning. Mr. Simon arrived on the scene at 5 a.m. There was the potential for a large explosion if the chemicals from the derailed cars mixed and evacuation was mandatory within a 1 mile radius of the accident, which included the evacuation of a local nursing home. The nursing home evacuation was successful, using charter buses for most residents and 23 stretcher-bound patients were transported via ambulance. The</p>	<p>Mr. Singleton asked if there was an after action report to share with the group.</p>	<p>Mr. Simon will forward any after action reports if available to Ms. Long for distribution to the group.</p>



TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	evacuation began at 8:30 a.m. and was complete 2 hours later. A medical EOC was set up on site and worked well. Over the weekend, Ms. Long continued to forward all communications and emails concerning the derailment to the DRCs as they were received.		
6. Next Meeting Date	The next meeting will be moved from the 16 <sup>th</sup> to the 17 <sup>th</sup> of June for DRC Strategic Planning.	Motion to conduct this all-day strategic planning in Alexandria on Tuesday, June 17, beginning at 9 a.m., was made by Gary Peters, seconded by Donnie Simon with all in approval	
	There being no other business, the meeting was adjourned.	Motion by David Marcus, second by Lane Owers to adjourn. All in favor. Motion carried.	

EMS DRC Meeting		Meeting Date: June 16, 2008
Facilitator: Fred Weaver, DRC Chair		Meeting Time: 10:30 am
Person Recording: Karla Long		Meeting Place: 453 Lafayette Street Baton Rouge, LA
<u>Present:</u> Jacob Andries, Region 6 DRC William Clark, MD, BEMS Robert Daughdril, DRC, Region 5 Paul Fuselier, Acadian Ambulance Frank Graff III, DRC Region 1 Mickey Hopkins, Region 2 DRC Alan Lambert, BEMS Karla Long, Administrative DRC Timothy Morrison, BEMS Donna Newchurch, Louisiana Ambulance Alliance Lane Owers, DRC, Region 5 Gary Peters, DRC, Region 8 Ross Pottschmidt, BEMS Ken Rousseau, St. Charles Hospital EMS Donnie Simon, DRC, Region Fred Weaver, DRC, Region 7 Tracy Wold, Alternate DRC Candidate, Region 8	<u>Absent</u> Raynette Cason, BEMS Chad Davis, DRC, Region 3 Craig Edwards, Alternate DRC, Region 7 Chryal Honore, Region 2 Alternate DRC Frank Jordan, Region 9 Alternate DRC Corey Magill, Region 2 Alternate DRC David Marcus, DRC, Region 9 Jeff Pogue, Region 6 DRC Steve Quebedeaux, DRC, Region 4	

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
1. Welcome and Roll Call	Fred Weaver called the meeting to order at 10:30 am.		
2. Approval of Minutes.	Minutes of the May 2008 meeting were reviewed and approved.	Motion for approval made by Lane Owers, seconded by Rob Daughdril motion carried with all in approval.	
3. Introductions	All present introduced themselves to the group.		
4. Old Business	Mr. Daughdril advised the group that	Ms. Newchurch suggested a	Ms. Long will follow up with all

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
a. Regional All Hazards Response Plans	all regions need to complete their All Hazards Plans and for the regions not to forget about Chempack in their plans. Mr. Weaver offered his Region 7 Plan to share with other regions.	need to poll each region to determine if their All Hazard's Plans are complete.  Mr. Wold expressed concern that Region 8 would need state assistance getting AMR to participate in and sign his region's All Hazards Plan. Mr. Lambert suggested that he and Mr. Wold discuss this issue offline.	DRCs to determine which regions have completed plans and help coordinate regional plan completion by the next DRC Meeting. Ms. Long will also send out phone lists to the DRCs and Bureau for completion.  Mr. Lambert will provide Ms. Long with a state framework for the All Hazards Plans for distribution to the DRCs.  All DRC's will be prepared to update the group on their region's All Hazards Plan status at the next meeting.
4 b. Mutual Aid Plans	Mr. Lambert stated that Mutual Aid Plans should be off the Agenda and are complete.		
4 c. HHS Grant Timeline	Mr. Pottschmidt shared that the funds have arrived and checks should be cut tomorrow. Ms. Cason was not present at the DRC Meeting because she was working with LHA on the HHS Fund distribution.		
4 d. Panflu Update	Mr. Weaver had a discussion with Dr. Martha Whyte, Medical Director for Region 7 Public Health, concerning EMS input on the State Panflu Plan. Dr. Whyte will be heading the Panflu Transportation Committee and inviting 2 or 3 EMS DRCs to assist		

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	<p>her with this committee. Mr. Weaver shared that Dr. Whyte is friend of EMS.</p> <p>Ms. Newchurch again asked if her questions she submitted concerning Panflu response, specifically payment for EMS Panflu response, had been answered. Dr. Clark shared Dr. Welch's response that EMS would file claims and bill as they normally do for Panflu response.</p>		
4 e. DRC Email Account Login	Discussion tabled until system is tested. Mr. Lambert stated that these DHH email accounts, once tested, will be for emergency use only.		Mr. Lambert will again send out email account login information and conduct testing of DRC email account system.
4 f. EMS Site Visits	Dr. Clark has almost completed his site visits and will next travel to Region 8.		
4 g. Inventory of HHS Assets	<p>Mr. Lambert plans to conduct an inventory of provider purchased HHS assets in the 4<sup>th</sup> quarter of this year.</p> <p>Mr. Wold suggested that the Bureau's inventory of provider purchased HHS items would be more useful if completed sooner and available for use during hurricane season. The Bureau responded that they simply did not have the staff to complete this task before the 4<sup>th</sup> Quarter of 2008.</p>	Mr. Pottschmidt stated that	

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	<p>of the Bureau first populating the provider asset list and then asking the providers to review and revises their portions of the Bureau's asset list.</p> <p>Ms. Long is completing the Alliance's Asset Inventory and will have booklets with asset photos and leases compiled for the DRC Strategic Planning Session. Ms. Long requested a copy of the state's lost equipment form.</p>	<p>the Bureau would as recommended, would first populate the provider asset list from their records and then request updates from the providers to complete their HHS asset inventory.</p>	<p>Ms. Long will send Mr. Pottschmidt the Alliance Asset Inventory file by June 30, 2008.</p> <p>Mr. Pottschmidt will send Ms. Long a copy of the state's lost equipment form.</p>
4 h. DRC Emergency Packet from the Bureau	<p>The DRCs briefly reviewed copies of the distributed Emergency Packet.</p>	<p>Mr. Daughdril suggested all files be saved as "fill forms" to keep the forms from being altered during use.</p> <p>Mr. Simon noted that a two-way flow of command should be included on the Area Command Flow Chart.</p> <p>Ms. Newchurch asked instruction pages be included for the forms.</p> <p>Ross Pottschmidt agreed that the Bureau staff would make the suggested changes to the Packet on fill forms, inclusion of instruction pages and the flow chart.</p>	<p>Bureau staff to create fill forms, include instruction pages for forms and the change to the flow chart by the next meeting.</p> <p>The DRCs will thoroughly review the emergency packet and forward their comments and revisions to Ms. Long by June 23. Ms. Long will then compile and send these responses on to Mr. Pottschmidt.</p> <p>Once reviewed and revised, Mr. Pottschmidt, will provide the DRCs with a thumb drive containing all Emergency Packet forms and information.</p> <p>Ms. Long will supply each Alliance Disaster Response</p>

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
		Mr. Daughdrill stressed the need for contact information for all DRCs (Hospital, EMS, Nursing Homes, and Hospice), Public Health, EOCs, etc., be included in the Packets. In Addition, Mr. Daughdrill asked Mr. Pottschmidt to follow up with Dr. Prats on EMS DRC inclusion on Web EOC as either EMS DRCs or under a Regional (not "Hospital") DRC listing.	Trailer with the Emergency Packet Forms.
4 i. Other Old Business	No discussion		
5. New Business a. Bureau of EMS Update, Provider Visits	Mr. Pottschmidt stated that he had nothing to report.  Ms. Newchurch asked if Mr. Singleton had resigned from the Bureau and Mr. Pottschmidt confirmed that this resignation had taken place. The Administration's hiring freeze is still currently in effect but should be lifted July 1 <sup>st</sup> .		
5 b. Louisiana Ambulance Alliance Update	Ms. Newchurch stated that eliminating the proposed cut to the state Medicaid budget for EMS was looking good on the House side but help is still needed on the Senate side. Proposed legislation by Senator Crowe on certification of workers during an emergency has not made out of		

**Alan Lambert**

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**From:** Karla Long [karlaems@bellsouth.net]  
**Sent:** Monday, June 30, 2008 3:56 PM  
Davis, Chad; Simon, Donnie; Andries, Jacob; Dennis, Doyle; Pogue, Jeffery; Owers, Lane; Marcus, David; Newchurch, Donna; Edwards, Craig; Weaver, Fred; Magill, Corey; Taullie, Debbie; Honore, Chryal; Clark, William; Daughdril, Robert; Lambert, Alan; Cason, Raynette; Pottschmidt, Ross; Singleton, Stephen; Clark, William; Morrison, Tim; Hopkins, Mickey; Jordan, Frank; Marcus, David; Graff, Frank; Rousseau, Ken; Quebedeaux, Steve; Daughdril, Rob; Wold, Tracy; Peters, Gary; Grayson, Lorren  
**Cc:** Prentiss, Charlayne; Guidry, Jimmy; Prats, Rosanne  
**Subject:** June EMS DRC Minutes  
**Attachments:** June2008Minutes.doc; MedExpress.jpg

Greetings all, attached our the June EMS DRC Minutes. Please take a moment to review and we can discuss suggested changes to the minutes at our next meeting.

REMINDER: We will not hold a July DRC Meeting. Our next DRC Meeting will be an all day strategic planning session on Tuesday, August 5, 9 am, at MedExpress in Alexandria, LA, please see attached map.

Many thanks!

k

Karla K. Long  
Administrative DRC  
Louisiana Ambulance Alliance  
N. 4th Street  
Baton Rouge, LA 70802  
Phone: 225.933.1616  
Fax: 225.612.5621

<b>EMS DRC Meeting</b>	
Facilitator: Fred Weaver, DRC Chair	Meeting Date: December 15, 2008
Person Recording: Karla Long	Meeting Time: 10:30 am
Present:	Meeting Place: Via Conference Call
Chad Davis, DRC, Region 3	<u>Absent</u>
Craig Edwards, Alternate DRC, Region 7	Raynette Cason, BEMS
Chryal Honore, Alternate DRC, Region 2	William Clark, MD, BEMS
Mickey Hopkins, Region 2 DRC	Robert Daughdril, DRC, Region 5
Frank Jordan, Alternate DRC, Region 9	Frank Graff III, DRC, Region 1
Alan Lambert, BEMS	Corey Magill, Region 2 Alternate DRC
Karla Long, Administrative DRC	David Marcus, DRC, Region 9
Mark Majors, DRC, Region 6	Ross Pottschmidt, BEMS
Shannon Mann, Alternate DRC, Region 6	Steve Quebedeaux, DRC, Region 4
Timothy Morrison, BEMS	
Donna Newchurch, Louisiana Ambulance Alliance	
Lane Owers, Alternate DRC, Region 5	
Gary Peters, DRC, Region 8	
Ken Rousseau, Alternate DRC, Region 3	
Donnie Simon, DRC, Region 4	
Fred Weaver, DRC, Region 7	
Tracy Wold, Alternate DRC, Region 8	

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
1. Welcome and Roll Call	Fred Weaver called the meeting to order at 10:30 am.		
2. Approval of Minutes.	Minutes of the June 2008 meeting were reviewed and approved.	Motion for approval made by Craig Edwards, seconded by Tracy Wold, motion carried with all in approval.	
3. Introductions	No introductions needed.		
<b>4. Old Business</b>	Donna Newchurch stated that the Hurricane After Action Workgroup continues their efforts with the next		
a. 2008 Hurricane Season			



TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
Assessment	<p>meeting planned for January 12, 2009. Karla Long keeps the DRCs informed of these activities through meeting notices and notes.</p> <p>Fred Weaver asked for a Bureau update on the State contracting out food, fuel and lodging. Alan Lambert was not able to comment on these activities.</p>		
4 b. Regional All Hazards Plans	Discussion postponed until Rob Daughdrill is present.		
4 c. Mutual Aid Plans	Mutual Aid Plans are complete should be off future meeting Agendas.		
4 d. HHS Grant Rounds & Timeline	Raynette Cason not present to update.		Alan Lambert will ask Ms. Cason to send out an update to the group.
4 e. Panflu Update	Alan Lambert shared with the group that there was no human to human transfer of Avian Flu as recently reported.		
4 f. DRC Email Account Login	<p>Alan Lambert stated that the DRC Account Logon remains a work in progress and that all state email address are currently being transitioned to "firstname.lastname@la.gov" format.</p> <p>Tim Morrison is also requesting information from the providers concerning HHS purchased radios.</p>		Mr. Lambert will continue to pursue completion of email account login information and conduct testing of DRC email account system.
4 g. Inventory of HHS Assets, Bureau and Alliance Inventory Lists	Karla Long has completed a Catalog of Alliance Assets and presented this work at the December 12th Alliance		Ms. Long will mail the Alliance Asset Catalogs out to DRCs that did not attend the Membership

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	<p>Membership Meeting.</p> <p>Alan Lambert, tasked with the 4<sup>th</sup> Quarter completion of the Bureau's provider purchased asset list in the June 2008 DRC Meeting, stated that Raynette Cason was completing this task.</p>		<p>Meeting.</p> <p>Mr. Lambert will ask Raynette Cason for a status update on the Bureau's provider purchased asset list.</p>
4 h. DRC Emergency Packet from the Bureau	<p>Ms. Newchurch asked for an update on the Bureau's Emergency Packet, creation of the requested fill forms, changes to the Area Command Flow Chart and Lost Equipment Form that was due on June 23, 2008.</p>	<p>Fred Weaver added that the DRC's must have this information well before the start of Hurricane Season.</p>	<p>Mr. Lambert will request an update from Ross Pottschmidt on the Emergency Packet Deliverables.</p> <p>Karla Long will send an email today, pasting the Emergency Packet notes from the June 2008 DRC Meeting to Ross Pottschmidt and request an update on these items.</p>
4 i. Other Old Business, EMS Surge Credentialing	<p>Fred Weaver asked if a pre-certification process could possibly speed up the credentialing process.</p> <p>Mr. Lambert stated that the trucks are as pre-credentialled as possible and once the site was up and running, it only took 7-8 minutes per truck to process. Tim Morrison added that this time was still slow and more people are needed to speed up processing.</p> <p>Mr. Weaver also inquired if there was any way to add GPS mapping system requirements to the Federal Response</p>		

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	Contract. Mr. Lambert stated that there was no way to enforce this in the Federal Contract.		
5. New Business a. Bureau of EMS Update	Alan Lambert stated that he had nothing to report.  Ms. Newchurch asked if any news could be shared regarding the recent job postings at the Bureau and Mr. Lambert answered that only Ross Pottschmidt could speak for the Bureau.		
5 b. Louisiana Ambulance Alliance Update	Donna Newchurch shared a brief of last Friday's Alliance Membership Meeting which focused on a strategic planning follow up and prioritization of legislative issues concerning reimbursement issues, addressing state group benefit reimbursement, specialty care transport, and a study to show that current reimbursement does not provide adequate funds to providers.		
5 c. Other New Business	Fred Weaver stressed the importance of increased participation and membership in LANREMT if and when the RS40 Statute opens. More voices will be needed in the Legislature.  Mr. Weaver added that Bossier City is offering ADLS and BDLs Classes.		
6. Next Meeting Date	The next DRC meeting will be a face-	Motion to adjourn the	Location and time of this

12/19/2008

TOPIC	DISCUSSION	RECOMMENDATION / ACTION	FOLLOW-UP STEPS
	to-face Meeting on January 20, 2009.	meeting made by Gary Peters and seconded by Chryal Honore, motion carried with all in approval.	meeting will be determined by DRC Chair, Fred Weaver and meeting notices will be sent to the group by Karla Long.



LOUISIANA EMS NETWORK  
REGIONAL MUTUAL AID AGREEMENT

**EMS REGION X**

**Regional Mutual Aid Plan and Memorandum of  
Understanding for preparedness and response to  
public health emergencies**

**Louisiana EMS Network  
Region X**

**Emergency Medical Services/Patient Transport  
Mutual Aid Memorandum of Understanding**

**I. Introduction and Background**

As in other parts of the nation, Louisiana Public Health Region X is susceptible to disasters, both natural and man-made, that could exceed the resources of any individual Emergency Medical Service. A disaster could result from incidents generating an overwhelming number of patients, a smaller number of patients with specialized medical requirements or from incidents such as an internal disaster at a healthcare facility requiring partial or complete evacuation.

**II. Purpose of Mutual Aid Memorandum of Understanding**

The purpose of this mutual aid agreement is to aid Louisiana Public Health Region X pre-hospital care provider agencies with fostering communications, and sharing of resources, personnel, and equipment to effectively manage a disastrous event.

This Mutual Aid Memorandum of Understanding (MOU) is a voluntary agreement among Region X Emergency Medical Service Agencies for the purpose of providing mutual aid at the time of a disaster. For the purpose of this MOU, a disaster is defined as a catastrophic incident that exceeds the effective response capability of the healthcare community. This MOU assumes that each affected agency's emergency management plan has been fully implemented.

**III. Definition of Terms**

Agreement – this Mutual Aid Memorandum of Understanding

Assisting Agency – agency providing equipment, supplies, services and/or personnel to the requesting agency.

Disaster – an overwhelming emergency incident either natural or manmade that exceeds the effective response capability.

Emergency Incident – any occurrence, whether natural or manmade, in war or in peace, which results in substantial injury or harm to the population.

Mutual Aid – includes, but not limited to, such resources as equipment, supplies, services, and personnel.

Requesting Agency – the agency requesting aid in the event of a disaster or emergency incident

#### **IV. Agency Emergency Management Plan**

Each agency shall develop and maintain an emergency response plan for its designated response area to provide for emergency and/or disaster mitigation, preparedness, response, and recovery. The emergency plan shall incorporate the use of available resources, including personnel, equipment and supplies, necessary to provide and/or receive Mutual Aid.

#### **V. Activation of the Mutual Aid Memorandum of Understanding**

This MOU may be activated by the Director of the affected agency, or his/her designee making the request for Mutual Aid after he/she has the determination:

- A. An imminent threat of an emergency that is predicted to exceed local capabilities; and/or
- B. The occurrence of a catastrophic event that has exceeded or is predicted to exceed response capabilities.

#### **VI. Procedures for Requests and Provisions of Mutual Aid**

The Director or his/her designee may request Mutual Aid Assistance by:

- Submitting a written request for assistance to an Assisting Agency.
- Orally communicating a request for Mutual Aid assistance from an Assisting Agency, this shall be followed by a written request within 24 hours.

Mutual Aid shall not be requested by an Agency unless directly related to the Disaster or Emergency Incident, and resources available from normally responding agencies to the affected area are deemed to be inadequate, or are predicted to be expended prior to the resolution of the incident.

The local Director or his/her designee must make all requests for Mutual Aid assistance.



**A. Requests Directly to the Assisting Agency:**

The requesting Agency may directly contact the Director of the Assisting Agency, or his or her designee and provide the necessary information as described in this section.

**B. Required Information by Requesting Agency:**

1. A general description of the event, injuries sustained, or threatened;
2. The amount and type of personnel, equipment, supplies needed and a reasonable time estimate of the time each will be needed; and
3. The location(s) which the resources are to be dispatched; and
4. The name and contact information of a representative of the Requesting Agency to meet the personnel and equipment of any Assisting Agency to which resources are dispatched.

**C. Assessment of Availability of Resources and Ability to Render Assistance:**

1. When contacted by a Requesting Agency, the Director or his/her designee agrees to assess local resources to determine the availability of personnel, equipment, supplies, and other assistance based on current or anticipated needs.
2. The Assisting Agency(s) shall render assistance to the extent that personnel, equipment, supplies, and/or other requested resources are deemed available.
3. No Agency shall be required to provide Mutual Aid unless it determines that it has sufficient resources to do so based on current or anticipated events within its own response area.

**D. Information Required of the Assisting Agency:**

1. A Director of his/her designee who determines that the Assisting Agency has available personnel, equipment, or other resources, shall notify the Requesting Agency and provide the following information, to the extent known:
  - a. A complete description of the personnel and their expertise and capabilities, equipment, and other resources to be furnished to the Requesting Agency;
  - b. The estimated length of time the personnel, equipment, and other resources will be available;

- c. The name of the person or persons to be designated as supervisory personnel.
- d. The estimated time of arrival for the assistance to be provided at the designated location.

#### **E. Supervision and Control**

- 1. When providing assistance under the terms of this agreement, the personnel, equipment, and resources of any Assisting Agency will be under the operational control of the Requesting Agency.
- 2. Direct supervision and control of personnel, equipment, and resources and personnel accountability shall remain with the designated supervisory personnel of the Assisting Agency.
- 3. The designated supervisory personnel of the Assisting Agency shall:
  - a. Maintain daily personnel time records.
  - b. Maintain documentation of materials and supplies expended.
  - c. Maintain a log of equipment hours, if applicable.
  - d. Shall be responsible for the operations and maintenance of the equipment and other resources furnished by the Assisting Agency.
- 4. The Assisting Agency's personnel, equipment, and other resources shall remain subject to recall by the Assisting Agency at any time.

#### **F. Mutual Aid Plan**

- 1. By the signatures below, each Agency certifies that it will provide Mutual Aid assistance in accordance with this Region X MOU.
- 2. Each Agency will incorporate this Region X Mutual Aid MOU into their Emergency Response Plan, which shall specify those positions authorized to activate this agreement.

#### **G. Food, Housing, and Self-sufficiency**

- 1. Unless specifically instructed otherwise, the Requesting Agency shall maintain the responsibility of providing food, water and housing for a minimum of 24 hours.
- 2. Assisting Agency personnel and equipment should be, to the extent possible, self-sufficient while working in the Emergency Incident or Disaster area. The Requesting Agency maintains the option to specify

only self-sufficient personnel and resources at the time of the request for assistance.

#### **H. Communications**

1. The Requesting Agency will maintain the responsibility for coordinating communications between personnel of the Assisting Agency and the Requesting Agency.
2. Assisting Agency personnel should be prepared to maintain their own communications equipment to sufficiently maintain communications among their respective operating units.
3. Requesting Agency shall request Regional Mobile Communications resources as needed.

#### **I. Terms of Deployment**

1. The initial duration of the request for assistance will be specified by the Requesting Agency, to the extent possible, dependant upon the nature of the Emergency Incident or Disaster.

#### **J. Incident Summary Report**

1. Within ten working days of the return of all personnel deployed under this Mutual Aid MOU, the Requesting Agency will prepare an After Action Event Summary Report, and provide a copy to each Assisting Agency.
2. The After Action Event Summary Report shall, as a minimum, include:
  - a. chronological listing of events
  - b. description of personnel, equipment, and other resources provided by one Agency to another

## **VII. Costs**

1. All costs associated within the provisions of this Mutual Aid MOU shall be the responsibility of the Assisting Agency; including but not limited to:
  - a. compensation for personnel;
  - b. operation and maintenance of equipment;
  - c. medical expenses,
  - d. food and lodging; and
  - e. transportation expenses
  - f. fuel
2. The Assisting Agency shall be responsible for creating and maintaining a record of all costs incurred, both reimbursed and unreimbursed, for a period of three years.

## **VIII. Insurance**

### **A. Workers' Compensation Coverage**

1. Each Agency shall be responsible for:
  - a. its own actions and those of its employees; and
  - b. for complying with the Louisiana Workers' Compensation Act

### **B. Automobile Liability Coverage**

1. Each Agency is responsible for its own actions and for complying with the Louisiana motor vehicle financial responsibility laws.

### **C. General Liability**

1. To the extent permitted by law, each Agency shall be responsible for any and all claims, demands, suits, actions, damages, and causes for action related to, arising out of, or in any way connected with its own actions, and the actions of its personnel in providing Mutual Aid assistance, rendered or performed under the terms of this Mutual Aid MOU.

## **IX. Waiver of Claims**

Each Agency waives all claims against other Agencies for compensation for loss, damage, personal injury, or death occurring as a consequence of this Mutual Aid MOU, except those caused in whole or in part by the negligence of an officer, employee, or agent of another Agency.

## **X. Entirety**

This Mutual Aid MOU contains all commitments and agreements of the Agencies with respect to the Mutual Aid to be rendered here under during or in connection with an Emergency Incident or Disaster.

## **XI. Severability**

If a provision contained in this Mutual Aid MOU is held invalid for any reason, the invalidity does not affect other provisions of this document that can be given effect without the invalid provision, and to this end the provisions of the MOU are severable.

## **XII. Term**

- A.** The terms of this Mutual Aid MOU shall become effective upon the date of the Agency's administrative signature and shall continue in force until terminated.
- B.** Termination of participation by an Agency or Agencies shall not effect the continued operation of this Mutual Aid MOU between and among the remaining Agencies.

Any Agency may, at any time, by 30-day written notice to all other participating Agencies, decline to participate in the provision of this Mutual Aid MOU.

The termination of participation in this Mutual Aid MOU by one or more Agencies shall not affect the operations of this MOU between the other participating Agencies.

## **XIII. Amendment(s)**

This Mutual Aid MOU may be amended only by the mutual written consent of the participating Agencies.

**Emergency Medical Services/Patient Transport  
Mutual Aid Memorandum of Understanding**

**Signature Page**

By signing this Mutual Aid Memorandum of Understanding the undersigned Agency Administrator is evidencing intent to use best reasonable efforts to abide by the terms of this document in the event of an Emergency Incident or Disaster. The terms of this Mutual Aid Memorandum of Understanding are to be incorporated into the Agency's emergency management plan.

This MOU is effective upon the date of administrative signature.

An Agency may terminate its intent to participate within the scope of this agreement with a 30-day written notice to all participating Agencies.

Name of Agency: \_\_\_\_\_

Name of Administrator (Print): \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## REGIONAL MUTUAL AID EVENT REQUEST

### PART I: REQUEST FOR ASSISTANCE

Emergency or disaster event: \_\_\_\_\_

Requesting Party: \_\_\_\_\_

1. General description of the event:  
(Attach latest local Situation Report or briefly summarize.)
  
2. Identification of the particular type of assistance needed:
  
3. The amount and type of personnel, equipment, materials, and supplies needed and a reasonable estimate of the length of time they will be needed:
  
4. Identify the Requesting Party's representative or point-of-contact.

Authorized Requesting Party Official: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**After completion of Part I, fax this entire three page form to the potential assisting service**

## REGIONAL MUTUAL AID EVENT REQUEST

### PART II: ASSISTANCE TO BE PROVIDED

Assisting Party: \_\_\_\_\_

The request for assistance from has been received.

(Check one box only.)

☐

Assistance can be provided as follows:

1. Equipment:

2. Place of Arrival:

3. Estimated Date and Time of Arrival:

4. Estimated Date and Time of Departure:

5. The above terms and information have been coordinated with the Requesting Party's point-of-contact: Phone:

☐

Assistance cannot be provided at this time. Briefly explain why.

Authorized Assisting Party Official: \_\_\_\_\_

**Title:** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

After completion of Part II, fax this entire three page form to the requesting service.



### PART III: REQUESTING PARTY'S APPROVAL

Assistance in accordance with the terms and conditions described in Part II of this agreement is hereby: Accepted / Declined.

(Circle one option.)

Authorized Requesting Party Official: \_\_\_\_\_

**Title:** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

After completion of Part II, fax this entire three page form to the assisting service.

**THIS FORM SHOULD BE USED IF THE INCIDENT WILL INVOLVE MORE THAT  
ONE OPERATIONAL PERIOD**